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SYMPOSIUM ON NEUROTIC DISTURBANCES OF SLEEP[1]

INTRODUCTION

By OTTO FENICHEL, Los Angeles

The average nervous patient who comes to see the psychiatrist complains mostly of anxiety, of a state of depression, of headaches or of disturbances of sleep.

Anxiety was made a paramount subject of psycho-analytical research from the very beginning. It took a longer time before the psychology of depression was studied and to some degree understood. But disturbances of sleep and headaches have found nowhere near so much attention among psycho-analysts. The reasons for this apparent lack of interest are to be found in Freud's (1917) *Introductory Lectures* in the chapter dealing with 'Ordinary Nervousness'. These two types of symptoms are—or may be—of an actual-neurotic nature, which explains why analysts who study the unconscious contents of symptoms have been less interested in them. Actual-neurotic symptoms are indicative of the fact that a disturbance in instinctual life is at work; but they do not reveal anything (or not enough) of the nature of the disturbance. Since they are more or less a somatic expression of an instinctual disturbance, they disappear during psycho-analytic treatment, if the disturbance in question is of a psycho-genetic nature, without it being necessary to make them an explicit object of analytic attention. They disappear when the repression, which is the cause of the state of damming up and which is responsible for the symptom, is undone. Let us leave the question of headaches for another time. As regards sleep disturbances, these facts certainly constitute no contra-indication against a psycho-analytical approach.

(1) Not all neurotic disturbances of sleep are entirely actual-neurotic in their nature. Sometimes they have a specific psychical meaning. There are 'sleep phobias', in which the state of being asleep is more or less avoided because of a definite significance which that state has acquired in the unconscious mind of the patient; or there are 'sleep rituals' in which certain compulsive measures serve the purpose of putting out of action a definite danger which is unconsciously connected with the idea of being asleep: sleep becomes once more possible, in so far as this intention succeeds, whereas anxiety comes up again when the performance of the rituals is impeded.

(2) The theory of psycho-analysis is sufficiently advanced to-day to make even a critical and theoretical evaluation of actual-neurotic phenomena worth while. Detailed study of a specific actual-neurotic phenomenon may clarify the still problematical structure of actual neuroses in general.

Here is a brief summary of what may be expected from this symposium. Dr. Windholz will try to bring order into the multiplicity of problems involved and make some practical suggestions as to how they may be approached. Dr. Haenel will explain the physiological and neurological prerequisites for a discussion of questions of sleep and sleep disturbances.[2] Mrs. Olden will present some clinical psycho-analytical observations about psycho-genetic sleep disturbances. Mrs. Deri will present the case history of an unusual sleep phobia. Mrs. Maenchen will discuss pavor nocturnus, clinical literature and experiences in analysing sleep disturbances. Finally, I shall try to summarize the problems and the approaches to their solution, after which there will be a general discussion.

I

By EMANUEL WINDHOLZ, San Francisco

It is of considerable interest to compare the current physiological theories of sleep[3] with Freud's concept of that phenomenon. Freud (1916) considered sleep from the physical point of view as a re-enacting of the period *in utero*. This is in agreement with the theories of Poetzl (1929) that 'sleep represents a differentiation from the original capacity of the protoplasm for quiescence'. Similarly, von Economo (1929) concludes that sleep is not solely a phenomenon of the nervous system, but must be looked upon as a more general basic biological condition. Previously the state of sleep was thought of merely as a diminution of vital activity. To conceive of sleep as being, on

[1] Held at the Convention of the Californian Psycho-analysts, San Francisco, September 14, 1940.

[2] [This contribution is not printed here, as the manuscript is unfortunately not accessible.—Ed.]

[3] A bibliography of the subject with an analysis of various theories of sleep is given by Kleitman (1939).

the contrary, a state of activity, a special form of living, is an entirely new discovery. Freud (1900 : p. 527) had already pointed this out ; he regarded dreaming as a positive, active performance in the sleeping state. I should like to mention Poetzl's experimentally produced dream pictures. A brightly coloured picture was presented for a brief period of time—about a hundredth of a second. The subject was asked what he had seen. When subsequently the dreams of the following night were studied, the surprising observation was made that those parts of the picture which had not been consciously seen appeared in the dreams. Psychologically, those elements are said to have been repressed. These experiments therefore provide an experimental verification of the analytical theory of the dynamics of the dream processes as an active performance in sleep.

Further advances in the study of the problem of sleep were made when von Economo demonstrated the existence of the sleep centre, following his investigations of encephalitis lethargica. Since the foci of infection were found in the wall of the third ventricle, he concluded that the sleep centre was localized there. The symptoms of sleep, hunger, sleeplessness, or inversion of sleep were found to be correlated with a specific area involved. Von Economo further believes that other disorders, such as narcolepsy, night terrors, sleep-walking and others, are caused by dysfunction of this sleep centre. He emphasizes, however, that dysfunction of the centre is only one of the many ways in which sleep disturbance can occur. He differentiates a ' body sleep ' from a ' brain sleep ', both of which can cause disturbances of sleep. This classification corresponds to a certain extent with that of Freud (1900 : Chapter V). Starting with the assumption that the dream is an expression of a disturbance of sleep, we find the following causes of sleep disturbances or sources of dreaming : (1) exogenous objective sensory stimuli, (2) endogenous subjective sensory stimuli, (3) internal organic irritations, (4) purely psychical stimuli. The internal organic irritations correspond to von Economo's disturbance of ' body sleep '. Since ' brain sleep ' according to von Economo is a partial interruption of nervous conduction and a partial cutting-off of consciousness, the disturbances of ' brain sleep' correspond to the other sources mentioned by Freud, namely the sensory stimuli and the purely psychical stimuli.

Here we are interested in the neurotic disturbances of sleep, the purely psychical stimuli. According to Freud (1916) it is characteristic of the psychical state of the sleeper to be withdrawn completely from the world of reality. It is a regression to the primitive narcissistic state. What is it that inhibits the ego of a disturbed sleeper from withdrawing the cathexes ?

We know that even a healthy person does not completely achieve this withdrawal. The dream formation represents a defence against disturbances from this source. The disturbing elements which are made innocuous through the dream are repressed desires and residues of the day—the same elements which may *prevent* sleep. This may be shown by an example. A woman patient, who was anticipating a trip on the following day, hoped to meet with an adventure, but feared failure. These worries pursued her even into sleep. She imagined herself ridiculous, ugly and so on. But other terrifying phantasies appeared in addition, the connection of which with her actual worries was not apparent. She visualized a brutal man who was ill-treating a girl, murder scenes appeared before her, and her anxiety increased, so that she was unable to remain in bed. We thus see that sleep is disturbed not only by the residues of the day, but also by the repressed.

Let us first consider the residues of the day. We know that even normal people experience difficulties in eliminating from consciousness exciting events of the preceding day. The popular conception is that the cause of sleeplessness is worry. In analytical terms this means that the cathexis of the day residues cannot be withdrawn. There are excitements of the day before which may cause sleeplessness in anyone. But *neurotic* sleep disturbances derive their intensity from the repressed. We may postulate a complemental series : major excitements of the previous day may evoke sleep disturbances with only slight contributions from the repressed, whereas profound repressions will have the same effect regardless of the day's happenings. What matters in neurotic disturbances of sleep is the repressed—represented in the residues of the day, or reinforcing them when the anti-cathexes are lessened. Since neurotics are involved in a constant struggle with repressed instincts, it is rather surprising that they do not all without exception suffer from sleep disturbances. We should expect them to be overcome by repressed desires when the anti-cathexes are diminished. The fact that even neurotics succeed in falling asleep may be due to certain secondary mechanisms effective during the process of falling asleep, mechanisms which we will mention without discussing them in detail. We know how, for example, the body, in states of exhaustion, is hypercathected, and how the ' body sleep ' so created helps the preconscious in its struggle with the repressed. In general it is enough to empty consciousness for no more than a few seconds or minutes in order to create the right condition for brain sleep, which in turn increases in a flash the intensity of the body sleep. These physiological processes come to the help of the ego in its struggle against the repressed. It would be worth while to observe this struggle more carefully—the various tricks by means of which the ego pretends to give satisfaction to the id and to appease the super-ego.

Disturbances in falling asleep, in the duration

and depth of sleep—all go back to the same struggle with the repressed. The intensity of the cathexis of the repressed will rise in states of sexual frustration. Even if the ego succeeds in its struggle against sexual desires during the day they reappear at the time of retiring to sleep. The temptation to masturbate, suppressed during the day, is a specific cause of sleep disturbances, in adults as well as in children. This conflict takes various forms. The ego may have to give in and to permit sexual gratification followed by sleep. Or the sexual excitement may not be relieved by the masturbation, and the tension may continue. Frequently masturbation is suppressed entirely and the patient passes a restless night, struggling with sexual phantasies and excitement, which sometimes may not even reach consciousness. In neurasthenia and other neuroses where lack of sexual gratification creates a chronic state of tension—an actual neurosis—this seems to be the outstanding factor in sleep disturbances.

The forms of sleep disturbances may vary according to the types of neuroses. We can make a general classification according to the different defence mechanisms which the ego uses in its struggle with the repressed. Here are some examples. Fears of fires, of burglars, appear by the mechanism of projection. Patients of the obsessional and depressive type are troubled by feelings of guilt, by thoughts of unfulfilled duties: small sins of omission become vastly magnified. The obsessive praying of children, which may keep them awake for hours, belongs in this group. Anxiety phantasies may develop. A patient, in spite of being exhausted, became completely awake the moment he decided to go to sleep; his ego prevented even anxiety by keeping him occupied with thoughts of his daily work. Patients suffering from this kind of unconscious fear frequently attempt to postpone sleep by seeking diversion of one sort or another. This state borders upon the true 'sleep phobia', an example of which was the case described by Berta Bornstein (1931) of a child whose insomnia was due to a dread of lying down.

Pavor nocturnus is one of the few forms of sleep disturbance discussed at length in psycho-analytical literature. In these cases the disturbance occurs during sleep. Other patients are startled into wakefulness on the verge of falling asleep. A phantasy which has retained its cathexis breaks through at the moment when the anti-cathexis decreases. There are certain exceptional cases in which the struggle with certain physical sensations occurring in the act of falling asleep is responsible for this type of disturbance. Let me give an example.

The patient developed a phobia upon the occasion of a cold complicated by high fever. During the fever he experienced the familiar changes in body feeling: his body seemed to weigh nothing—he seemed to be floating in the air—his body seemed to have expanded—spheres and circles turned before his eyes. The sensations were pleasurable in the beginning, increased to vertigo and ended with a sudden change into fear. This was the start of a claustrophobia and fear of heights. Later, this state of mind occasionally appeared at the climax of sexual excitement. The analysis revealed primal scenes responsible for the sexualization of the sense of equilibrium. In the process of falling asleep, as we know, sensations of equilibrium are important. The patient sometimes remembered having had a sensation of falling when he was startled into wakefulness by anxiety. We may say that in this case the cause of sleep disturbance was the struggle with the sexualized body sensations which appear in the process of falling asleep.

The problem of sleep disturbance is identical with the problem of the tension created by the conflict with the repressed. The two main factors involved in this tension are the relative weakness of the ego on the one hand and the strength of the repressed on the other. Here is an example of the effect produced by an extremely weak ego.

A patient, of the 'vamp' type, reacted with sleeplessness to the slightest frustration. Her relation to other people, especially to the man with whom she was living, was dominated by an attitude of making constant demands. Life was possible for her only if she was getting something or at least expecting to get something. To be alone, either by day or by night, was almost unbearable. She became as restless as a baby who has not been fed. Her inability to stand tension can be understood from the history of her childhood. She was brought up by a domineering maid whose orders even her mother obeyed. The maid forced her mother to nurse the baby immediately when it cried. This indulgence continued until the fifth year. The baby could wet herself or soil herself without being punished. The two older children were neglected in the patient's favour. The child slept in the same bed as the maid and was offered food several times during the night. When she was five, the maid left the family and her education was taken over by the unstable, frustrating mother. The sudden frustration at the height of the Œdipus complex resulted in a masochistic deviation of her sexuality. The identification with her frustrating mother remained isolated from the other parts of her ego. She became a psychopathic person with defective moral inhibitions. The patient could sleep only when she was free from any psychical hunger, which was greatly increased by conflicts associated with sexuality and masturbation. Her inability to stand tension can be explained entirely by the defective development of her ego, resulting in an insufficiency in the apparatus for discharge. She had to take sleeping powders in large doses frequently.

Now an example of tension arising from defence against intense instincts.

This patient too had a difficult infancy. As an infant she suffered from severe diarrhœa and vomiting. At the age of two, at the birth of a baby sister, she became very obstinate and envious and developed later a strong penis envy. The Œdipus complex was resolved partly by masochistic deviation of her sexuality and an identification with her father. This identification, based on oral sadistic drives, was of a melancholic type. But she could not tolerate the slightest feeling of guilt and protected herself by the projection of the super-ego: she kept her guilt feelings repressed by blaming others. She came to the analysis because of a phobia and in the course of the analysis developed severe sleeplessness. This went on for several months, and sleeping powders were of no help until the analysis dissolved her special defence mechanism. The sleeplessness began when she involved the analyst in her masturbatory phantasies. In their place came a fear of sleeplessness which naturally only made sleep less possible. During the night she fought against her guilt. Looking for someone to blame for her suffering, she thought that she had inherited it from her father, who also suffered from mild sleep disturbances. This accusation increased her fear, she was terrified by phantasies about the consequences of her sleeplessness: she would become ugly, sick and thin as a skeleton. The fear in turn worked the accusation up into anger, which led to pictures of her father falling ill and dying, and leaving them without means, so that they were doomed to die of starvation. This vicious circle, typical of oral sadism, created a degree of tension which excluded the possibility of sleep and increased the patient's fear of dying from lack of sleep.

These are two extreme examples of the difficulties the ego has to face in its desire to achieve the relaxation necessary for sleep. The first represents the baby who cannot sleep from hunger. In the second case sexual gratification has to be avoided because it is identical with oral destruction and the incorporation of a dangerous object. The result is again hunger which cannot be satisfied. The culmination of this conflict is melancholia. The sleep disturbance in melancholia is the most severe we know of.

Weakening of the ego or an increase of repression might create tension and sleeplessness in almost any neurosis. Neurotics suffering from tension intolerance are especially susceptible, as is the case in conflicts with the oral instincts. Whether oral instinctual conflicts may not be a condition *sine qua non* for severe sleep disturbances can only be decided by sufficient case material. Several reasons make such a correlation very probable. The relations between orality and sleep are manifold. A paper by Isakower (1936) suggests that in the act of falling asleep primitive oral 'ego-feelings' are re-enacted. The mental state of a sleeper is identical with the primary narcissism of a suckling. Persons struggling with oral instincts are either inclined to accept this body feeling, or else they have to fight it. The former attitude may lead to a libidinization of sleep and may develop into a craving for sleep. Such persons may use sleep as a defence. The second attitude creates sleeplessness. We believe that in melancholia sleep has acquired the meaning of eating, and that therefore the same conflicts are valid for sleeping as for eating. The ego has been emptied of all cathexes—perhaps on a toxic basis, as Freud states—and not only eating, but all instinctual pleasure, including sleep, has the identical meaning of incorporating a dangerous object.

In addition to this there is another relation between orality and sleep. The act of falling asleep is related to the mechanism of incorporation. A reunion of the different departments of the personality takes place. The return into the uterus seems to be expressed not only in the embryonic posture of the sleeper, but also in the psychological process of falling asleep. Freud's dictum that we return every night into our mother's womb and are reborn every morning is more than a mere metaphorical expression.

II

By CHRISTINE OLDEN, Los Angeles

This is a report of two cases of neurotic insomnia. In neither was the cause fear, excitement or worry which actually happened in reality. What kept the patients under tension was unconscious: infantile anxiety based on repressed phantasies.

When one is asleep the ego sinks back into the id. In sleep the function of censorship of the ego is relaxed. There are physically healthy persons without acute worries who have difficulty in sleeping: their insomnia is of neurotic determination. The patients I am referring to were unable to renounce the watchful ego; they could not give themselves up to the primary state. I want to picture this fear of losing control that is active during consciousness.

Insomnia appears in different forms: either in not being able to fall asleep, or in waking abruptly after a short sleep and lying awake for hours, or, thirdly, in waking much too early in the morning and feeling exhausted when it is time to get up. I will start with a report of a specific part of the analysis of a woman patient.

The patient, thirty-six years old, had suffered from her inability to fall asleep since her early

childhood. She came to analysis mainly because of her depressions, which had increased when her husband wanted to leave her. At the same time the patient's father died. Besides character difficulties, the patient had numerous hysteriform symptoms, such as fear of snakes, of falling and of becoming insane; but insomnia was the most tormenting of all her symptoms.

The picture of the patient's sleep disturbance, when she started analysis, was as follows. She would feel very tired and expect to sleep soundly. But the moment she lay down in bed, especially when it was dark, she would suddenly be wide awake, become very restless, have to put the light on and get up and walk around. Every fifteen minutes during the night she would have an urge to urinate. She would frequently feel very hungry and would usually eat something, preferably meat. She would be afraid that burglars might get in through the window and catch hold of her. On such nights the patient would fall asleep only towards morning and would have manifest sexual and castration dreams, or she would dream of being on the street, on a trip, or about birth and water. Such nights occurred three or four times weekly.

But when the patient was travelling and stayed in hotels she slept very well and relaxed. Another thing that frequently helped her to fall asleep was a kind of ritual which the patient had asked her husband to practice for many years. He had to sit by her bedside, and be very sweet to her, caressing her gently, rubbing her forehead and her eyes for quite a while until she fell asleep. This was exactly what her father had done for her in childhood. I will come back to this later on.

She was the type of patient who floods one with material in an effort to confuse one. She described anxiety situations as a kind of revelation, and revelled in symbolism, superstition, devils, hell, the end of the world and above all in witches.

The patient was the youngest of three sisters, one being four and the other six years older than she. The patient should have been the longed-for boy, and her parents called her by a boy's name. As far as she recalled, she had always overtly hated her mother. She was disgusted with her mother's physical heaviness, and described her as being dumb and greedy, constantly eating the best bits while the patient never got good things. In her memory her hunger had never been really satisfied, especially as far as meat and sausages were concerned. As a child the patient was always in fear of her mother, who had no understanding for her children; she was not of any support to the patient and used to punish her quite sadistically. There was psychotic disease on her mother's side: her mother as well as her mother's sisters had suffered several times from attacks of melancholia. The memory of a psychotic grandmother, who was ugly and walked with a stick, was definitely that of a witch.

In the first session of analysis the patient spoke mainly very tenderly of her father, who, in contradistinction to her mother, never punished her. He seems to have been warm-hearted and was the only member of the family the patient could rely upon. He really protected her against her mother and sisters. But in some respects he was a peculiar personality: he was not very modest in his intimate life and went about naked and—what impressed the patient very much—urinated in front of his daughters.

The picture which the patient gave of the sister who was four years her senior was of an intellectual, ambitious girl, the pride of the family; towards the patient, however, this sister was domineering and brutal. The memory of the eldest sister was very shadowy at first. The patient remembered her as being good and not very bright. This sister suffered from dreadful epileptic attacks which—so the patient first said—had started when the sister was in her late adolescent years. Unless she was reminded, the patient never talked about this sister.

Naturally the patient's relationship towards women was very ambivalent and mostly fearful, and this, of course, came up clearly in the transference. The patient had to choose between two women analysts—a colleague and myself. She decided to work with me because I appeared to her so much younger—as a matter of fact, I was much older; I gave her the impression of being girlish, quiet, passive and a trifle silly. Shortly afterwards the character of the transference changed definitely. In the course of giving unpleasant interpretations of her behaviour and analysing the transference resistance, I changed very quickly from the mild young girl into a wicked, stingy and dangerous old woman. During this change in transference the sleep disturbance grew worse and worse. The patient was not yet able to express her aggressiveness towards me, and for a long time she was distant, polite and shy. It was very difficult for the patient to talk about masturbation, to 'admit' masturbation.

After I had made it clear to her that masturbation was permissible and not injurious, the insomnia further increased. Finally it became possible to make the patient aware of her fear of me and her ambivalent attitude towards me, and she then recalled an abundance of repressed material which entirely changed the picture she had previously given of her sister-relationship. It turned out that her eldest sister had had epileptic attacks at a much earlier period of her life than the patient had remembered until now—that is to say, when the patient was about two or three years old. She described her sister's attacks in this way. First her sister would stand stiff with her eyes wide open, trying to grasp her with fingers like claws, convulsively clutching; and afterwards she would fall down. The patient recalled

this situation of being terribly frightened and always trying hard to face her sister: she wanted to avoid having her sister behind her, so as to prevent her from catching hold of her. The analysis showed that 'catching hold' was the equivalent of taking away, of castrating. This sister had also been the seducer. She had taken the little girl into her bed, had masturbated her and threatened her, and had forced her not to utter a sound because of the other sister sleeping in the same room and of the parents next door. The danger of being homosexually excited became condensed with the danger of becoming insane, determined by her experiences with this sister and by her witnessing sexual scenes between her parents.

In the patient's mind her mother, her aunts and her grandmother were insane in the same way as her sister; she had called all of them wicked, demon-like women. After this piece of analysis we understood the origin of this whole conception: it was her experience with her eldest sister.

The patient had the idea that these women always wanted more and more and were never satisfied—just as she herself never was. According to this idea she was always in danger of these women catching hold of her, that is to say, stealing from her. But what would they steal? The answer to this question gives her infantile masturbation phantasy, or rather her phantasy about the function of masturbation, which was that, in masturbating, a penis was brought out from her inside. But though she would have liked to show her penis, as her father did, the idea of these women rushing at her was so terrifying that she took precautions. She fought against masturbation and tried to keep the subject away from her analyst.

The patient had another early phantasy. Masturbation was not only forbidden to her because of the various prohibitions she was given in childhood, but also because she thought that masturbation would expose the penis which in her phantasy she had stolen and swallowed. And, in accordance with the way in which unconscious phantasies work, she of course thought that her mother would do the same thing and would steal and swallow her organ. For masturbation and eating were somehow mixed up. The mutual masturbation with her eldest sister in early childhood had taken place after dinner. During the latency period and in puberty the patient used to masturbate after lunch in a rocking chair. When she was grown up, she became hungry when she felt a need for masturbation—for instance, before falling asleep. *During the night when she could not sleep, she was in a conflict between the desire to steal and the fear of revenge.* She could not sleep after having masturbated, because—and this became clear in analysis—in the state after masturbation her phantasied penis was exposed and liable to be taken away by the women. While she was in this state the loss of consciousness in sleep would have been most dangerous.

The history of the symptom still requires the following addition. When she was a child her father had given her reassurances against her fears and had done so by performing a perfect sleep-ritual with her. He first caressed her eyes, secondly put her hands above the blanket and thirdly assured himself that the window was closed. When her father was not home in time, the little girl, against her mother's will, waited for him in the front hall, in order to make a survey of everything and get hold of him as soon as he came in. Her father travelled frequently, and when he was away she was terribly distressed and had the same kind of sleep disturbance as later on. When she was older her father took her with him on his trips several times, and she then slept perfectly. It was definitely established in the analysis that this relationship to her father started when the patient was four or five years old. She had at that time fled from her traumatic experiences with the wicked women and sought for protection at her father's side. The fact that it was her father who gave her the protection contributed to the establishment of a phantasy: only the penis could protect her—that is to say, a man's penis, which is visible and not so uncertain in its existence as was the case with the women. The patient was reassured that her father really possessed the protecting organ whenever she was able to watch him urinating. She felt that she must make sure of preserving the protection of this organ; so she clung to her father in order to become a piece of him, that is to say, to possess his penis. Her father protected her against masturbation (hands above the blanket), and he protected her against burglars (making sure of the window), that is to say, against the revenge of the women. In her husband the patient chose the very image of her father, and she clung to him too as if she were part of him. Every effort in the analysis at making her independent produced strong resistance.

The patient could sleep when she was travelling or staying in hotels. This was possible because being on the street or making a trip was equivalent to the relationship with her protecting father. Travelling, because her father travelled, was equivalent to the father situation with its comfort and protection. But staying in hotels meant principally not being at home, which meant her mother's house: at home there were the women from whom she was trying to escape. In general, therefore, she preferred the company of men; and, if women could not be avoided, they had to be as unlike as possible to the witch type: good-natured, passive, young girls, who would never try to grasp the patient. That type of girl enabled her to behave aggressively and in a masculine way towards them, thus satisfying her active homosexual desires. The type was chosen in accordance

with the other aspect of her eldest sister, who was quite dull and—when she had no attacks—quite sweet and kind. She kept this picture of her sister in her memory, and she chose her analyst upon that model. So long as she could still transfer on to me the rôle of the friendly and stupid sister, the disturbances of her sleep were relatively slight. But when she was no longer able to isolate the two aspects of her sister and I had become for her the person who seduced her into masturbating, she had to be watchful and cautious, that is to say, sleepless. While I was on vacation the patient slept far better. When we had thoroughly worked through the patient's terrible fear of the women and she was able to establish a natural relationship towards me, then only did her sleep situation slowly become normal.

There are two more details which I should like to mention in connection with this case of insomnia. First, that the patient had always taken sedatives and was somewhat addicted to them, for she was of an oral type. It became obvious that the taking of sedatives of her own free will—not by the doctor's order—gave her a magical idea that she herself controlled her sleep situation. Her desire to dominate the situation naturally became one of the strongest weapons of her resistance in analysis. When I explained something which convinced her, she always said : ' Well, that's exactly what I've told you before.' She did not like things to happen unexpectedly. She could not bear to experience anything unforeseen or surprising,—and certainly not when it came from behind. Her eldest sister behind her back was her earliest traumatic experience.

There was another phenomenon which only became intelligible after we had analysed the mechanisms of the patient's magical phantasies. After she had slept only three or four hours—she slept no more than that on her bad nights—she was relatively refreshed in the morning, did not look tired and was almost always capable of doing what she had planned. It became clear that her anxiety phantasies had an important function : they served as a sleep-substitute in satisfying her magical sense of power. She imagined once more that she herself could decide upon the content and the limits of her phantasies, as well as the moment of producing them. She thought that she was in control of them. And in analysis she tried to obtain an exhibitionistic satisfaction by relating the dramatic events of her childhood and making them highly sensational by giving them a sexual flavour. When she was lying in bed she dived into this fairy world of devils and witches and got a perverse sexual satisfaction. And, last but not least, she repeated over and over again in her mind all these traumatic events, just as a child does in his play.

By way of summary, we may ask why this patient acquired the neurotic symptom of sleep-disturbance. The answer is as follows. The sleep situation, more than any other, demands a full and complete elimination of the controlling ego. The patient's fears of being castrated were so tremendous that she had to keep them under control by staying awake. On the other hand, in dominating her phantasies, she to some extent satisfied her self-confidence, which the whole family set-up had prevented from developing in a normal way. In reality her self-confidence was very poor, but the magical world in which she lived during the night somewhat made up for it. When her old childhood fears appeared again, she was longing in her sleeplessness for her protecting father and his magical ways of bringing sleep to her, which she had experienced as a child.

Whereas this case is related to hysteria, the following one has the characteristics of an obsessional neurosis.

A young man of twenty-four, a radio-engineer, came to analysis because of his obsessional symptoms. He was obliged to reassure himself again and again whether he had locked the door, the drawers or any object that could be locked, or whether he had switched off the different electrical devices when he stopped his work. I shall give no more than a short outline of one section of the long analysis, referring only to the sleep disturbance.

When the patient started his analysis, he had not yet had sexual intercourse, had not even ever been in love and as far as he knew had never masturbated. He had a close though ambivalent relationship to his mother, with whom he lived very much withdrawn from social contacts. He had always been an excellent student at school and college, and pathologically ambitious. His mother expected him to be perfect in every respect.

At the time when he began analysis he used to sleep soundly and dreamlessly, and fell asleep as soon as he went to bed. He got out of bed immediately he woke in the morning and took a very cold bath. Whenever he was taken ill he tried to ignore the fact as long as possible so as not to have to stay in bed. On one occasion an infection and a high temperature forced him to remain in bed. He became very restless and distressed and got up much too soon. In analysing the fact that he was not able to stay in bed unless he was sleeping, he had attacks of anxiety during the session. It took some time before he became conscious that it was anxiety that he was feeling. He then recalled a similar fear in his early childhood, when he was about three years old and lay in his crib before falling asleep. At this point in his analysis he started dreaming : anxiety dreams about crashing aeroplanes, devouring animals, and so on. They were catastrophe dreams which would make him get up in the middle of the night. His anxiety increased during the long analysis of his relationship with his mother, and in transference his aggressivity became open. It was his own aggres-

sivity of which he was mainly afraid. In the course of analysing his mother-relationship his fear of his aggressivity was explained. His mother had given the little boy an idea that in sexual intercourse the man usually behaves like a wild animal and hurts the woman, and that in consequence she hated his father. The patient was terribly afraid of his mother's hatred. His infantile phantasy worked in this way: he believed that his mother had been castrated by his violent father, and thought in consequence that his mother and all women would take revenge on the violent man by castrating him in return. The way in which masturbation had been prohibited by his mother confirmed his idea that everything to do with sexuality was dangerous. So he tried by every means to suppress his activity, his initiative and his social contacts; and, of course, he suppressed every sexual desire. He had to reassure himself that everything was closed and safe, especially the electrical apparatus. Electricity was equivalent to his idea of sexual aggressivity. Electricity had to be kept in check, and all the patient's amateur work on his self-built electrical machines when he was a young boy, and all his professional work later on, was done with the unconscious purpose of making sure that the elemental forces would not break through. The sound sleep performed the same function of keeping in check the patient's instincts. Before the analysis his sleep was a kind of phobic attitude, an avoidance of the state which he feared—of lying in bed awake. He was able to escape into the safe state of sleeping, and he did so by making use of his aptitude for mechanisms of isolation.

This changed during analysis. After the anxiety dreams had started and the patient's fear had become more and more conscious, his sleep became disturbed. Certainly the state of not sleeping had not become less fearful. His sleeplessness undoubtedly was due to tension and anxiety. But the analysis made it impossible for him to deny his anxiety by escaping into sleep. The sleeplessness, which was a reappearance of infantile sleep disturbances, was comparable to the anxiety which an agoraphobic patient feels, when, during his analysis, he goes out into the street for the first time. Once he had become acquainted with his unconscious, his sleep was no longer any reassurance. He had to try to fight with conscious weapons against his aggressive sexual temptation. After the long analysis of his aggressivity and his fear of sexuality the patient started sexual relations and his sleep then became normal.

To sum up. Both cases had in common the fact that the disturbance of sleep occurred when the patients were in a state of anxiety tension. It would be possible simply to call the neurotic sleep disturbances an anxiety equivalent or a symptom of the anxiety. In accordance with that, the first patient, who was of a hysterical type and had manifest anxiety, produced sleep disturbance spontaneously. Whereas the second patient, being of an obsessional type, and having learnt to bind his anxiety secondarily, showed—spontaneously—no sleep disturbance. We are familiar with the fact that the analysis of obsessional neurotics, whose symptoms show no anxiety, has to mobilize the latent anxiety. In the same way, the analysis of the second patient, whose sleep was previously undisturbed, had to mobilize his latent sleep disturbance.

III

By FRANCES DERI, Los Angeles

I am aware that in this discussion only such cases of insomnia should be reported as permit of general formulations upon the subject. That is, the cases of sleep disturbance discussed should be such that what is said about them could be said about any instance of the same disorder.

The case to which my contribution will refer cannot be generalized in this way. If, nevertheless, I do not hesitate to present it, I do so deliberately, because I wish to show that there are cases of sleep disturbance which do not fall under the headings that are usually given to histories of the common cases of insomnia. In these common cases, the sleep disturbance can be replaced by other symptoms, as every analyst knows. It can be replaced by such symptoms as headache, perspiration and many others. In cases such as the one which I want to discuss the sleep disturbance is conditioned by the individual history of the patient and can only be retained or cured—but not replaced. It will of course be guessed that I am going to discuss a case of hysterical sleep disturbance.

The patient in question was a medical student, aged twenty-three, who came to see me for his lack of concentration whenever he was supposed to be studying. He had seen quite a number of physicians and had been treated endocrinologically and hydrotherapeutically without any success. His last doctor sent him to analysis as a last resort.

I will try to limit my report as much as possible to the material belonging to his very peculiar type of sleep disturbance. He had not mentioned it at all for several months, until one day he quite casually remarked: 'My wake-hour's from two to three', as if he took it for granted that everybody had his definite 'wake-hour'. And this was just what he believed. When I asked: 'What do you mean, wake-hour?' he began to deliver a sort of lecture about the fact that everybody, regardless of whether he was a good sleeper or a bad one, had one definite hour of the night during which he did

not sleep. I asked for details and was informed that he usually went to sleep between ten and eleven and slept rather soundly until two o'clock. At two, every night, he awoke for no conceivable reason and was awake for about one hour, without feeling any resentment, without being troubled, without making any attempts to go to sleep again. He reported that it made no difference whether he had been tired in the evening or not. He did not know when this had begun but remembered the symptom from the time when he started school, which would mean from the age of six. He had never considered it a symptom but rather a peculiarity of human nature. Otherwise, his sleep was undisturbed : he used to sleep until his alarm-clock woke him at seven o'clock. He dreamt normally, sometimes before his wake-hour, sometimes after it, sometimes during both periods of his sleep.

It was not very easy to convince him of the symptomatic character of his wake-hour. For a long time he remained rather sceptical and used to say : ' People are so forgetful ; they don't know in the morning what went on during the night.' This first hint of some primal scene material was deliberately not interpreted.

The patient's father had been a physician who died when the boy, an only child, was four and a half years old. Almost four years later his mother married again. The patient had very few recollections of his father, the most vivid ones being faint fragmentary memories of having been forbidden to enter his father's office, which, according to the local custom, was connected with the family residence. There was some resentment, some hostility in his voice when he mentioned this prohibition, and the very first interpretation which he accepted concerned these memories. They meant : ' My father has time for his patients but he has no time for me.' And : ' I am not permitted to see what my father does with his patients.'

Soon he realized that his choice of a medical career was made in order to make up for these prohibitions. When he was a doctor, nobody could throw him out any more : he was going to be present when those mysterious things went on—in his own practice. The next step was of course the realization that now in analysis he was the patient and nobody else was permitted to enter as long as he was there.

It was this material that we were working through when on one occasion he said : ' It seems to me for the first time that my wake-hour might perhaps be a symptom. I seem to feel it has something to do with my father.' A dream brought more. In connection with it he remembered that his father went out every night ' to see patients ', as he put it, and returned in the morning. When I asked ' Every night ? ', he seemed to feel uncomfortable : yes, every night. ' Of course every night. I remember quite clearly now that the whole family teased mother when she married again, because she again married a man who had to go out at night. My stepfather was night editor of a newspaper when I was little.' This seemed to be interesting, but he did not know anything about the time at which his stepfather went out or came home. Neither did he know anything about his real father's time schedule or about the purpose of his going out every night. Eventually he asked his mother and was informed that his father was on duty at a first-aid station, every night, from two o'clock on. He had not asked about his stepfather, because he remembered now that the family teased his mother about the fact that her second husband too had to leave at the same time his father had left. I asked him about this teasing. He had always told me that his mother was so prudish : no ' off-colour ' story could be mentioned in her presence, no allusion to anything sexual could be made. For the first time in his analysis he became very angry : ' This has nothing to do with sex. It has to do only with the peculiar fact that of all men just these two married her, in spite of their not being at home at night. No wonder they didn't have any more children.' I said : ' So it does seem to concern sex after all ? ' He became so furious that he almost choked as he shouted : ' No, no, and a hundred times no. My mother was not sexual at all. Why, she didn't even allow me to come into her bed.' ' Did you ever try ? ' ' Of course I did. How on earth could I sleep when the alarm-clock rang and there was a light in the room and father got dressed and went out ? A really good mother would see to it that her husband didn't make any noise. Or she'd take her little boy into her bed when father was gone.' I now called his attention to his wake-hour. I said that at least one feature of it, the time at which it began, seemed to be determined by the time his father left the house, and that the time of his wake-hour obviously served the purpose of preserving the fact that his father had awakened him every night at just that hour. It kept alive his resentment and his revenge. He agreed immediately and his fury petered out.

For a long time I did not hear any more about the things connected with his wake-hour, or at least I did not, then, recognize the close connection between this wake-hour and the main symptom which had brought him into analysis and which now for the first time became partly intelligible. It was not, as he had said, simply lack of interest, lack of concentration, which kept him from studying. He described his attempts at studying as a heroic effort to stay awake. He never fell asleep and was very proud that he did not. But when I asked him why he did not take a short nap whenever he felt so terribly tired he said in an astonished tone of voice : ' But I'm never tired ! I always have enough sleep ! That's just what's abnormal about me ! That's why I came to you.

I'm not tired and I can stay awake only by a terrific effort.' He described how he pinched his nose, how he took cold showers, how he read aloud what he had to learn. And he added : ' All this doesn't help. It does, a little. But what really keeps me awake is that I feel ashamed about it. I mustn't sleep when I'm supposed to be studying. I always have my eight hours of sound sleep. I should feel terribly guilty if I were to fall asleep in the daytime.'

We learned more about all this when I asked him once whether his father, after having worked at night, could work by day. Could he see patients, after he had had so little sleep ? This question brought a tremendous reaction. He began to phantasy how his father might have made up for his lack of sleep and ended up by remembering that once, when he was a very small boy, he had trespassed into the sacred office and had found his father asleep on a couch. Obviously he did not see patients at all. He had married very young and had taken the first-aid-job in order to contribute to the expenses of their living—his mother had all the money. His office was a pretence, a fake. With this realization the whole hatred of the disappointed son broke loose. His father left his beautiful young wife every night and went out to have a good time. But the boy felt betrayed by both of them. At night he was not permitted to go to his mother, she wanted to sleep. But both disturbed his sleep at night and spoiled the fun he could have had by day. He felt completely forsaken.

The first change we accomplished was that he no longer had to fight against sleepiness during his studies. But he was not yet able to work. He started to have phantasies whenever he was supposed to study and made up a great number of real stories—love stories, adventures, complicated mystery stories. As a matter of fact, I think that he was now becoming aware of phantasies which up to then had remained unconscious. These stories were a very efficient outlet for one of the most powerful trends in his character. It would be giving you a very incomplete picture of this patient if I did not mention his scopophilia, which he was able to sublimate so successfully in these stories. His stories never told simply how things happened, but how he saw them, in a quite literal sense. In these stories, he always deduced things from events which he had actually seen, in such a way that the average reader was neither bored nor shocked nor even aware of how he did it. I will give you a short example. The very first story he ever wrote down was a report about some people he had watched from his window during one of his desperate struggles to concentrate Some people met on the street, talked for a short while and disappeared. That was all. And then the story became a phantasy about where they had come from and where they had gone, and in a few sentences a fascinating little drama was developed which centred around the innocuous short street scene which he had watched.

I did not stop at merely analysing these stories. They were so well done and so interestingly composed that I encouraged the patient to write them down. He did very well at this and first gave them as a present to his girl friend, with whom he had a satisfactory relationship. Then he began to send them to newspapers, and when, after two years of analysis, I dismissed him, he was upon the regular staff of a Berlin daily newspaper.

What had happened was a change in the object of his identification. After the serious disappointments from both his parents he regressed to a more narcissistic attitude. He became a very reticent, quiet child, withdrawn and not participating in the games of other boys—a regular 'sissy'. When his father died he renewed his attempts to seduce his mother but was again rebuked. It was then that he started waking at night, most probably not at a definite hour. When his mother re-married he heard repeatedly about the time of his father's nightly departure and this may have determined the choice of his wake-hour in regard to time. It was one of his ways of identifying himself with his dead father, a way of conveying to his mother that at least in this respect he was like her husband. His attitude towards his stepfather was entirely different from that towards his real father. First he despised him and considered him an intruder. But this changed very soon, mostly through the flattering effect of his stepfather's reputation. This stepfather was a very well-known journalist and had written books which were known by the boy's classmates. The temptation was great to participate in this fame and to feel almost as important a person as his stepfather. In addition to this, the stepfather seemed to be interested in the little boy, he took him to his office (unlike his real father) and showed him how a paper was made. From then on the boy changed his antagonism into affectionate love and admiration. It is very probable that already at that time an identification took place which was able to make use of his existing symptom. That is, he was able to retain his wake-hour, only now its purpose was no longer to show his mother that he was like his father. Now it was as though he were saying : ' I want to be like my stepfather who works at night.' And the little boy did work at night, too. He not only read during those early wake-hours—mostly stories which he could phantasy were written by his adored stepfather—but he also worked out stories by himself, very involved stories in which he was always the looker-on and which of course were accompanied by masturbation. They were the true forerunners of the ones he wrote down later, and he was only sorry that they were mostly never finished because sleep overtook him. It was quite interesting to see how in his main symptom, the work disturbance, he

repeated this inclination to fall asleep. His fight against this inclination was actually a fight against masturbation. It was not until this symptom was removed that the stories, which previously he was never able to finish, came back and could be made useful.

It had remained an open question why his father's nightly occupation had produced such far-reaching consequences. It was surprising, after all, that the symptom remained unchanged for so many years. It was not until towards the end of his analysis that the deepest layers of his sleep disturbance came to light. When he told me about it for the first time I had an impression that he was alluding to some experiences connected with the primal scene. 'People are so forgetful,' he had said, 'they don't know in the morning what went on during the night.' At the end of one analytic hour he interrupted my closing remarks and said he had forgotten to tell me something extremely important. It turned out not to be so extremely important, however; but again and again something occurred to him which he 'just had to get rid of', and it became quite clear that, for the first time, he did not want to stop and leave. Eventually I told him in a friendly way that I had no more time for him and that he must go. 'Now you're talking just the way mother did when father didn't want to leave', he said; to which I replied: 'Tell me about this tomorrow.'

He had enough insight, the next day, to realize that he had acted out what he had obviously not been able to remember up to then. He recalled again how he was thrown out of his father's office and said: 'He treated me exactly like you did yesterday and like my mother treated him every night. I remember now that father didn't like to leave at two o'clock. Mother had to make him go. Sometimes she was angry and reprimanded him for his reluctance.' Furthermore, he remembered that sometimes she bribed him with affectionate kisses, and gradually, in the course of several hours, he recalled and re-lived those uncanny nights when she could not get him out of bed without first having intercourse with him. He understood now, of course, that she did not want him to lose his job. At that time, however, he understood only that she wanted him to leave, that he did not want to leave and that she 'sacrificed' herself to make him go.

So it was actually the primal scene which was at the bottom of his symptom. In it, he nourished the memory of those uncanny nights, which stirred him and filled him with fear at the same time. He was frightened and fascinated, he hated to look on and to listen and he could not bear to go to sleep.

Needless to say, this phase of his analysis in fact brought about the disappearance of his wake-hour. It was interesting that he did not notice it. He told me some weeks after we had worked through this primal scene material that he had slept through the night for some time without his wake-hour.

I began by saying that I felt this case did not quite belong here. I felt this because it was an atypical and unusual form of sleep disturbance and also because in this case the symptom had a specific meaning which, as far as I know, is lacking in most cases of insomnia. But perhaps it may be quite useful to keep in mind the fact that there are such cases, in which insomnia has not only the history and structure but also the function of a hysterical symptom. It will be remembered that Freud (1910) said very early of hysterics, that they 'suffer from memories'. Now in this case memories obviously caused the sleep disturbance. But why did the patient not suffer from it? I think that this also can be answered. I consider that the sleep disturbance in this case was only one part of a symptom. The other part consisted of his work disturbance, and that made him suffer quite considerably. He lay awake for an hour at night and he had a hard time in staying awake when he wanted to work by day. It was obvious that the feeling of guilt which he anticipated if he were to fall asleep by day belonged to his wake-hour at night. It was by displacement that he was able to keep this wake-hour free from guilt, that is, from suffering. And if it is asked what it was basically that enabled him to get rid of his neurosis, I think it was his ability to sublimate. The fact that he could convert his masturbation phantasies into a useful profession certainly contributed very much to the successful end of the analysis.

IV

By ANJA MAENCHEN, Berkeley

Of the disturbances of sleep that occur in childhood none is more striking than pavor nocturnus. It has drawn the attention of a number of analysts. But, in spite of their endeavours, it cannot be said that all the problems connected with it have been solved.

We are indebted to Jenny Waelder (1935) for the most detailed report of a case of pavor nocturnus. The attacks from which the patient, a boy of seven, suffered, took the following course. He would sit up and begin to sing in a kind of somnambulistic state. What he sang were specifically popular hits, sentimental songs. He would then laugh and say some words in Czech which his parents could not understand. Then his mood would change and he would begin to whine. He would call out repeatedly: 'Mother, poor mother!' Next he would stand up, bend forward and pass

wind. The scene would end in tears, frightened screams, cries for help, and sometimes prayers. The child would then quiet down and resume his sleep.

The meaning of this pavor nocturnus was explained down to the minutest details. The attacks occurred during the night, that is, at a time when, as the boy knew, his father took his mother into his bed. The child imagined intercourse as a sadistic act. At that time he was under the dominance of the Œdipus complex ; he wanted his mother for himself, and therefore got up under the influence of an aggressive impulse against his father. The attack began with the confession of the boy's love for his mother—the love-songs. He wanted to do with her what he and his friends used to do when they played their sexual games ; the leader was a Czech boy, hence the obscene Czech words which the patient had learned during these games. But it now occurred to him that not he but his father does these highly dangerous things to his mother—' poor mother ! ' The boy stood up—he had to call for help in order to protect his mother. He fired at his father—in the games flatus meant shooting. Then followed the anxiety, the fear of his father.

It has been possible to disclose the genesis and the content of pavor nocturnus in a number of cases. It occurs only in children. Jenny Waelder thinks this may be due to the low stage of the development of the ego, a stage at which opposite tendencies can still exist side by side. A symptom can therefore result which neither expresses the conflict by a compromise nor binds the anxiety. We see impulse and anxiety immediately together —in the case of the seven-year-old boy the libidinal striving and the aggressiveness on the one side, and the fear of his father on the other. No state of balance, not even a neurotic one, has as yet been achieved.

But, as I have said, there remain some unsolved problems. What is the difference between pavor nocturnus and an anxiety-dream ? We might say that a dreamer is alone, dreaming to himself, whereas a child in an attack of pavor nocturnus acts upon other people as well. In a number of cases it has turned out that disturbing the parents was a part of the unconscious content. But there are certainly anxiety-dreams which have the same content. The difference between the autoplasticity of an anxiety-dream and the alloplasticity of pavor nocturnus cannot be due to the content of the unconscious phantasies alone.

Anyone who has ever observed an attack of pavor nocturnus will find it hard to believe that the anxiety displayed in the facial expression of terror, the trembling of the arms, the profuse perspiration can be less than that which finally interrupts an anxiety-dream. But the attack is not followed by waking and the child does not recall the incident. It seems to me that the activity and the fact that the child does not wake up may perhaps stand in a causal relation. We might suppose that the activity—a limited activity, no doubt, but activity nonetheless—serves to discharge the amount of anxiety which cannot be tolerated in an anxiety-dream.

Perhaps we could understand the characteristic feature of pavor nocturnus if we knew more of a phenomenon which in some respects is similar to it. I mean sleep-walking. The sleep-walker does not only speak, he performs a number of sometimes very complex activities, without waking up and without recalling them at all on the following day. There does not, however, appear to be any fear accompanying his activity. Sadger (1914) thinks that ' the disturbance of the night's rest was made desirable by the satisfaction of muscle erotism which it afforded a person to whom the excessive muscular activity offered an entirely specialized pleasure, even sexual enjoyment '. I am not at all sure that this explanation is sufficient. The amnesia remains as unexplained as before. And to quote Freud (1916) : ' We do not know what conditions this phenomenon [somnambulism], or why it is not of more frequent occurrence.'

I have tentatively connected the fact that sleep is not interrupted by the attack of pavor nocturnus with the lessening of the anxiety by the activity. If I am right we should be concerned with a quantitative factor.

The most common sleep disturbance occurs when the ego is obliged to give up the desire to sleep at all because it is unable to inhibit the repressed impulses set free during sleep. This economic factor plays a big part in the sleep phobias of children.

In a paper upon a phobia in a two-and-a-half-year-old child, Berta Bornstein (1931) has described a serious sleep disturbance in a little girl. The child struggled for weeks, with the most severe anxiety-attacks, against being put to sleep. She could be put to sleep only by means of drugs or suggestion, and only in a sitting position. She then slept with clenched fists and a tense expression. The child had been trained to cleanliness very early and severely. She was filled with anxiety for fear of losing her mother's love as a result of uncleanliness. The pleasure in untidiness was repressed early, and at the same time the pleasure in aggression connected with it. Both were intensified by frustration. The child began to masturbate. Sexual excitement and anxiety were brought to the highest pitch by the coincidence of exciting experiences : the girl saw a penis, discovered her own lack of one and saw a blood-stained menstruation pad. The earlier conflict was consequently mobilized with pathogenic vigour. She did not want to fall asleep, because she was afraid she would not be able to overcome the desire to defæcate while she lay in bed. She was afraid of giving way to her impulses. The phobia spread to

the day-time and to her whole environment : every object had to be erect, nothing was allowed to lie down. The fear of a break-through by the forbidden impulses, which would result in her losing her mother's love, did not permit the child to fall asleep.

It seems that most of the sleep disturbances of children are of this kind. But there are others as well. I should like to remind you of a paper by Willey (1924) about a patient who suffered not from insomnia, but from hypersomnia. The conclusions to which Willey came are best described by the title of his paper : 'Sleep as an Escape Mechanism'. 'That sleep', he wrote, 'may unconsciously be employed as a means of resolving a mental conflict seems clear, exactly as the resort to suicide. Sleep, under certain circumstances, may be considered as a form of temporary suicide.'

Emma Berner (1937) reported a case of an eight-year-old girl who could not fall asleep because, as the observation showed, she was filled with feelings of guilt derived from her forbidden impulses, so that she fled from sleep because of fear of death. Thus we see hypersomnia meaning temporary suicide, as well as insomnia expressing fear of death.

Another connection between a sense of guilt and sleep disturbance is shown by a case of mine whose analysis unfortunately could not be completed. The analysis was interrupted, like so many other things, by Hitler's invasion of Austria.

The patient was a woman of thirty-five. She wanted analysis because she suffered from anxiety-states. She had severe difficulties when she tried to go to sleep, but was troubled by other anxiety states as well. It soon appeared that her anxiety occurred mostly at night, and that it vanished if she could make her husband stay at home with her. He had to put her to bed, just like a little child, and to quiet her, also like a child. It was best when she could fall asleep in his protecting arms.

The patient lived with her husband for fifteen years in a kind of permanent separation. She was frigid and blamed her husband for it. The wish for sexual satisfaction was but one of many unfulfilled wishes. She was convinced that everything was denied her : love and friendship, success and work, but above all a child. Just as she felt deprived of sexual satisfaction and of a child by her husband, so unconsciously she felt deprived of a penis by her mother, who had given it instead to a younger brother. This brother had robbed her of her mother's breast. The patient was extremely thin. She exhibited her slenderness, thus challenging all the world to witness that even femininity had been refused to her : 'Look at me, I am not even a real woman.' People of this orally importunate type who have never had enough and who cannot get enough are very familiar : insatiability is combined with a permanent reproach.

From childhood the patient had been a bad eater and sleeper. For years she had taken sleeping-drugs in ever increasing number. She used them as a weapon. They served to keep her family and friends in constant fear, as did her carefully planned attempts at suicide. These attempts were always so arranged that her friends received her farewell letters just in time to save her from taking the overdose.

This was a secondary gain. But the patient was really obliged to take drugs in order to fall asleep when her husband was not with her. I believe that the act of taking drugs, I mean the act itself, the swallowing of something, the drinking, which was necessary before she could fall asleep, is of importance. The objection that what is aimed at is obviously the narcotic effect is not quite as valid as it might seem. I have noticed the relative unimportance of the narcotic qualities of the drug in other cases. A patient of mine, the type of the solitary drinker, is in the habit of sipping one glass of wine after another until he falls asleep. If once in a while he succeeds in forgoing the drinking he has to take drugs. But he himself says that he could take any pill and it would serve him just as well. And, moreover, he sometimes falls asleep when he merely thinks he has taken a tablet. The idea alone is sufficient.

This does not mean that a glass of water is an adequate substitute for a sleeping drug. Nevertheless, I should like to lay emphasis on the drinking itself, the swallowing, the gratifying of an oral desire. In the case of my woman patient too it was an oral desire which determined the fact that a re-establishment of a mother-child situation was the condition of her falling asleep. Her husband had to put her to bed, and had to quiet her. She then fell asleep in his arms just as she had done in early childhood after being nursed by her mother. I have no time to describe in detail how in the course of the analysis the oral-sadistic wishes towards her mother were discovered. It will be sufficient to say that the more or less conscious death-wishes against her mother were found to be rooted in a fear of being killed by her mother ; this fear was in turn the product of the early repression of aggressive-oral and sadistic impulses. We are familiar with such a development. Her envy of the younger brother who was nursed in her presence served in addition to maintain the patient's oral wishes.

It goes without saying that this early aggressiveness towards her mother became connected with the later Œdipus aggressiveness towards her mother as a rival. And I need not discuss how the narcissistic sense of deprivation caused by her loss of her mother's breast was re-activated by the castration complex. All this has no immediate bearing on our subject.

The oral-sadistic impulses of the patient asserted themselves in many ways. She had, for instance, an aggressive way of speaking, of beating and

whipping with words, which was rather impressive. For example : she would be at home, reading and not feeling especially uncomfortable, but with a sense of wanting something. She would then suddenly jump up, run to the telephone, call up one of her many enemies, and insult her in the rudest language. Then she would feel satisfied.

Her oral impulses were directed against her mother. The patient could fall asleep when her husband instead of her mother was with her, and she then felt free from anxiety. His presence removed her sense of guilt. The analogy with agoraphobia is obvious. Some agoraphobics are able to walk on the street without anxiety if they are accompanied by the person against whom their most intensive aggressive wishes are directed. As Helene Deutsch has shown (1928), the presence of the hated person guarantees that the death-wishes have not materialized and in this way the agoraphobic can feel free of guilt and free of anxiety. The presence of the mother who is both loved and hated guarantees our patient that she has not ceased to love her. And she can then sleep.

The question is, however, why our patient's sense of guilt and with it her anxiety increase at night. In other words : why do her emotional relations with her mother become intensified at the time of falling asleep ? I can offer no explanation apart from the fact that being nursed by her mother preceded falling asleep. The early oral and sadistic wishes then acquire additional intensity and necessitate the soothing presence of the loved, hated and feared mother.

I do not believe that with this more is explained than this particular case or a group of similarly constructed sleep disturbances. Generally speaking, the inability of orally fixated individuals to bear tensions makes it more difficult for them to fall asleep. The oral types never give up the hope of ' getting more '. Their insatiability makes them cling to objects so intensely that they are less able to give up their cathexes and to re-establish the narcissism of the state of sleep.

V

By OTTO FENICHEL, Los Angeles

I do not intend to discuss the individual papers, but rather to attempt to recapitulate how the problem of neurotic disturbances of sleep appears as a whole.

If somebody spends a night in an uncomfortable position, such as an uncomfortable sitting position, his sleep is more or less disturbed ; he either does not succeed in falling asleep or, having fallen asleep, he does not feel rested next morning. For complete fulfilment of the function of sleep, tensions must be excluded from the organism, which, in this case, is made impossible because of the uncomfortable position of the body.

Neurotic disturbances of sleep are in general similar in character. The difference lies in the fact that the impossibility of complete relaxation, which in our example is externally determined, is brought about by inner causes. Clinging to certain cathexes—despite the wish to sleep—may have the same effect as continued tension in specific muscles ; that is, either the state of sleep is not attained or, if it is, the function of sleep is disturbed and the effect on the organism is enervating rather than refreshing. After continued monotonous physical movement, falling asleep is usually very difficult because the muscular areas in question still tend to continue their movements. (It is interesting to note that, if one nevertheless does fall asleep, one dreams that one is still keeping up the movements in question ; the principal unconscious meaning of such dreams is probably the following : ' I am not obliged to let my sleep be disturbed by impulses to keep on skiing, riding, etc., for they are appropriate—I am now preoccupied with skiing, riding, etc.') The same effect that an uncomfortable position or unconscious motor impulse can produce is even more frequently achieved by unconscious stimuli which are no longer under the control of the conscious wish to sleep and which still retain their cathexes. As we know, the function of dreaming in general serves the purpose of making sleep possible even under the adverse condition of the continuance of unconscious cathexes. We may suppose that a quantitative increase of such dream-forming cathexes can make sleep completely impossible. Moreover, it is not only the cathexes of repressed wishes that can make sleep impossible. As we know, acute worry or affect-laden expectation, whether agreeable or disagreeable in character, particularly sexual excitement without gratification, makes for sleeplessness. In the case of neurotic disturbances of sleep, the unconscious ' sleep disturbers ' naturally outweigh the others. Basically, of course, there is no contradiction between ' sleep disturbers ' arising from what has been repressed and those traceable to the day's residues. It is probable that the residue of the day is all the more disturbing if during the day it has become associatively connected with some repressed material and has become its representative.

The idea that the autonomy of the cathexes of the repressed, acting in opposition to the wish to sleep, either makes sleeping impossible or impairs its refreshing effect, is so plausible that one immediately wonders how restful sleep can be possible at all, since everybody has repressions. And in particular as regards neurotics, one would expect that they would all of them suffer from disturbed sleep.

Upon this point the following is to be remarked. In the first place, impairment of the function of sleep is in fact one of the most common neurotic manifestations and is encountered in every neurosis. Secondly, it is sometimes possible to explain why such disturbances are relatively slight: some neurotics have learned to make the sleep-disturbing stimuli coming from the repressed harmless by applying secondary measures, by 'canalizing' them, as Windholz has shown, in various ways. But it must be admitted that these two answers do not entirely solve the problem. The fact that sometimes intense repressed cathexes seem not to interfere with the relaxation necessary for sleep obviously depends upon still other (constitutional ?) factors, which we do not yet entirely understand. The question is analogous to that of dream frequency. As is well known, frequency of dreaming is by no means indicative of the quantity of the repressed. There are very normal people who dream nightly, and there are very neurotic people whose sleep is dreamless.

It is certain that the sleep-disturbing effect of the repressed is greater for all those involved in acute repression conflicts than for those who have learned to avoid acute secondary repression struggles by means of rigid ego-attitudes.

Some have learned to enjoy, to a certain degree, sleep-disturbing dreams or libidinal attitudes arising during sleep. They do, however, disturb the refreshing function of sleep. For the psychology of sleep it might perhaps be important to differentiate between the genuine refreshing function of sleep and the function of 'libidinal canalization'. But when we discuss neurotic disturbances of sleep, there will not be much to say about such 'enjoyment'. The ego opposes the repressed instinctual impulses and fears them. And the ego knows that these repressed impulses push forward with greater force in the state of sleep or of falling asleep than during the day. That is why the ego fears the state of sleep or falling asleep. This is the most general explanation of *sleep phobias*. Fear of sleep means fear of the unconscious wishes that might arise in sleep. Frequently such a fear starts with an anxiety dream of traumatic effect. Fear of sleep is then a fear of dreaming as of an instinctual temptation.

In the cases reported we have heard that there are very *definite* instinctual temptations, which are associated more frequently than others with the idea of 'sleeping'. Inasmuch as voluntary control of motility is lost during sleep, it is first and foremost the fear of forbidden instinctual *actions* which can assume the form of fear of sleep. Berta Bornstein's (1931) classic case of fear of lying down on the part of a two-and-a-half-year-old child proved to be a fear of falling asleep and dreaming, and was determined by fear of losing control over the sphincters and of soiling the bed during sleep. (The sitting posture made better control of the sphincters possible.) It is understandable that children who are bed-wetters or adults who as children used to wet their beds should want to avoid sleep in order to avoid any opportunity for bed-wetting. What is valid in childhood for the performance of the urethral and anal instinctual functions is later valid for the performance of the genital one. We know that young men with conflicts of conscience about masturbation endeavour to substitute nocturnal pollutions for masturbation, because they then feel less responsible. But the super-ego does not always accept this 'excuse'. Fear of sleep or of falling asleep is very often a fear of the temptation to masturbate. We have also heard that erotic temptations involving the mouth, skin and temperature are in particular feared in the state of sleep. That is likewise not difficult to explain. The state of falling asleep is accompanied by a re-vivifying of archaic levels of ego-consciousness. And the archaic forms of experience of the ego have in turn frequently become representatives of excitation experienced in the earliest period of development. People who have oral-erotic and skin-erotic repressions try to avoid everything that reminds them of the original period of their oral-erotic and skin-erotic excitation; and the ego-states which they must experience when falling asleep arouse such recollections. These are, therefore, felt as prohibited temptations and can become a motive for entirely avoiding the state of sleep or falling asleep. We were rightly reminded that melancholia—that grandiose neurosis of orality and of the arbitrary autonomy of the super-ego—goes hand in hand with the most serious disturbance of sleep. A further specific instinctual temptation that may be represented by the state of sleep is the remembrance of a 'primal scene', which likewise took place at night when the child was supposed to be asleep.

The case reported by Mrs. Deri reminds us that we must not apply these various typical interpretations of the unconscious instinctual significance of the state of sleep schematically, but that we must analyse each separate case of sleep phobia individually. The unconscious meaning of 'sleep' that disturbs the function of sleep may be a specific and unique one which can only be explained by the life history of the particular individual.

Until now we have spoken only of those sleep phobias in which the state of sleep is avoided because unconsciously it represents an instinctual temptation. Frequently, however, some punishment or catastrophe, associatively connected with certain instincts that are for that reason unconsciously considered dangerous, is represented in the state of sleep. Owing to the fact that one is robbed of the free use of motility in the state of sleep, it is not possible to flee from acts of punishment that are feared in phantasy. It is not only possible to have the unconscious thought that one may be

castrated during sleep, but it is also possible that the loss of consciousness, which the state of sleep involves, may itself bear the meaning of castration. This is not the place in which to analyse the ' fear of death ' in children or adults in detail. But that fear is always due to unconscious conceptions that are associated with the idea of ' dying ' or ' being dead ' and with a turning away from active impulses to kill. When it has once been established, it can easily lead to disturbances of sleep by the equating of sleep and death with each other.

It would, of course, be incorrect to suppose that in neurotic disturbances of sleep, sleep is avoided *either* because it symbolizes an unconscious instinctual temptation *or* because it symbolizes an unconscious expectation of punishment. There is no ' either—or '. Most disturbances are characterized by the fact that the state of sleep unconsciously represents temptation and punishment simultaneously. The curtailment of ego-function occurring in the state of sleep is usually feared simultaneously as the loss of the ego's censorship over the instincts (i.e. as an opportunity for the subject to do anything he pleases) and as a ' minor death ', castration, a terrible consequence of pursuing instinctual activities.

The conflicts surrounding disturbances of sleep, the unconscious content of which we have been discussing, may have a further development. The ego undertakes various measures in order to regain the lost control, sometimes with greater, sometimes with less success. An interesting example of such attempts may be observed in the sleep rituals of obsessional neurotics. Sleep is possible only so long as certain measures are carried out which are intended to obviate the danger that is unconsciously connected associatively with the state of sleep. The analysis of the sleep rituals of obsessional neurotics thus gives us the best opportunity of studying why unconsciously the state of sleep is really feared. As an especially interesting point, I should like to mention that the sleeping medicines in the first case reported by Mrs. Olden served to exclude the danger of being passively overwhelmed by the state of sleep ; owing to the fact that the patient actively took her sleeping tablets, she had a feeling of being master over her sleeping or not sleeping, and, by means of an active measure, she had excluded her unconscious fear that she might lose her self-control and be passively overwhelmed. The pavor nocturnus of children represents a failure of such measures ; the repressed and, at the same time, the fear of it, returns and disturbs sleep.

A summary such as this of the events in ' sleep phobias ' should not mislead us into overlooking the actual-neurotic side of neurotic disturbances of sleep. In general, it must be repeated that sleep presupposes a total relaxation, and that the eternal state of inner tension of neurotics makes it intelligible that all neurotic states are more or less connected with disturbances of sleep. A colleague who heard of the subject of our present symposium asked if the entire discussion might not be replaced by an old German proverb : ' A good conscience is the best pillow.' He may almost have been right. But we should have to add that it is not only the pricks of conscience that interfere with sleep during the night, but also the instinctual temptations which by day were too severely restrained by an over-good conscience.

[*A general discussion followed to which the two following contributions were made.*]

VI

By BERNHARD BERLINER, San Francisco

Investigations of the ' sleeping curve ' at Kraepelin's institute showed that a considerable number of individuals have what was called a ' bi-phasic ' sleep. After three or four hours of sound sleep they either wake up or their sleep becomes so shallow that any slight stimulus awakens them. After this interruption there is a second period of sound sleep. This type proved to be so frequent that it was considered a physiological variety comparable with the interrupted type of sleep of many animals (which probably have to be on guard against dangers).

I wonder whether this phenomenon is really physiological and not artificial. It has so far received little attention in psycho-analysis. Mrs. Deri's case is an excellent illustration of an artificial origin for interruption of sleep and its fixation. A patient of mine, a young man, used to wake up after four hours of sleep and urinate without any necessity as far as his bladder was concerned. In his childhood he had been awakened regularly for urination in order to avoid bed-wetting. The fear of bed-wetting, which had occurred occasionally until pre-adolescence, was still alive in his unconscious. In other cases nightly feeding in infancy may start the habit of interrupted sleep. The primal scene, as in Mrs. Deri's case, is of course a motivation of particular emotional importance. It appears quite plausible that the time at which the subject's parents used to go to bed, which may have been some three or four hours after the baby had been put to sleep, marks the interruption of sleep.

VII

By ERNST SIMMEL, Los Angeles

It seems to me an excellent idea to have this and maybe further discussions on the subject of sleep disturbances ; for the importance of the topic lies not merely in the fact that disturbance of sleep is a neurotic symptom which deserves our therapeutic interest, but even more in the fact that the capacity for sleep as a psycho-biological function operates as a means of helping the ego to establish and keep up its instinctual equilibrium. Sleep is a restorative process from the physical point of view as well as from the mental. During sleep, the ego has an opportunity of recovering from present and past injuries to its narcissism by nightly regressions to earlier stages of instinctual development. The fact that these nightly regressions are associated with a temporary denial of reality on the one hand and with a blocking of the outward motor brain-centres on the other gives sleep the character of a psycho-physiological method of defence against dangerous collisions between the ego and a surrounding world hostile to its instinctual demands. We are therefore not surprised to find sleep and sleep-like conditions actually employed as defence mechanisms in some of the conflicts of the ego between id and reality.

What I am referring to are disturbances of the ability to stay awake, phenomena such as hysterical and epileptic attacks, twilight states pertaining to those conditions and narcolepsy of psychogenic origin. All these syndromes have at least one thing in common with the condition of sleep : a temporary auto-erotic or narcissistic withdrawal of the ego through a refusal to perceive consciously stimuli from the external object world. We may therefore hope for a better understanding of the phenomena just mentioned—the disturbances of the ability to stay awake—by systematically studying the disturbances of the ability to sleep. I therefore consider it legitimate to extend our investigations on the psychopathology of sleep to the psychopathology of the waking condition.

From this point of view it might be useful if, in future investigations of sleep disturbances, we could distinguish between the disturbances of the various stages of the depth of sleep. In this respect it is not enough to state in general that the condition of sleep represents a mental regression of the individual to a pre-natal stage of existence. This, in my opinion, is only true for a certain depth of sleep. Besides, we ought to investigate the difficulties in the capacity for awakening, as we have already focused our attention upon difficulties in the capacity for falling asleep.

We know that in sleeping medicines we have different pharmacological substances with which we can influence separately either the difficulties in falling asleep or those in deepening our sleep. The psychological effect in both cases must be either a protection of the ego against stimuli from without (promotion of falling asleep) or protection against stimuli from within (promotion of deepening sleep). If the ego is not disturbed by the perception of stimuli from the outside world or by perceptions from inner psychical reality, then this will, presumably, promote the deepest possible level of sleep. Such a state of sleep is probably dreamless and is psychologically identical with existence in the womb.

Let us recall Freud's (1900 : pp. 495 ff. and 527 ff.) views upon the origin of dream hallucinations. The blocking of impulses to action at the motor end of the mental system, which is associated with the condition of sleep, causes the excitation to be deflected from the motor end and directed towards the sensory end of the mental apparatus. This regressive process leads to an intensification of the process of internal perception. We may summarize this by saying that by shutting off the ego from access to outward motor innervations sleep is bound to disturb itself because of the increased internal perception. A dream, in this respect, is a disturber of sleep. We know, however, that the pre-conscious is at work during the night, under the guidance of the super-ego, disguising the dream material and thus annulling the disturbing effects of internal perception. For this reason the individual will very rarely achieve the deepest level of sleep, because the ego is striving for hallucinatory wish-fulfilments derived from, or repressed from, later stages of libidinal development. Besides, we know that the wish to return to the womb can have symbolical meanings, which may render it taboo. I may remind you of Freud's (1918) suggestion that the unconscious idea of returning to the womb may be a product of castration anxiety, and represent the wish phantasy of an impotent individual.

I have no doubt that investigations of the various stages of ego-regression, as expressed by the different degrees in the depth of sleep, will give us an opportunity for a better understanding of the phenomena of the psychoses. Schizophrenia may be viewed as a disturbance of the waking condition on a grand scale.

The psychotic ego seems to want only sleep and tends to regress to its pre-natal condition. Is it not conceivable that the start of a schizophrenic process might be at least associated with a disturbance of the temporary ability to regress by means of sleep ? I have some theories as to the reason for this ; but that would be an important problem in its own right and could not be adequately dealt with in a discussion such as this.

About the disturbances of the waking condition which I have already mentioned we know a little more. All those seizures which are associated with

a temporary loss of consciousness are nothing but attacks of sleep. They establish the same state of mind as during sleep, i.e. a loss of external perception and a blocking of co-ordinated outward motor discharges. What Freud (1909) said about hysterical attacks gave us a hint that these disturbances may be related to the initial stage of sleep—that of falling asleep. Freud supposed that the condition of unconsciousness in a hysterical attack comes about as a repetition of the loss of consciousness associated with the climax of orgasm—particularly of a masturbatory orgasm. It seems as though the hysteric, under the influence of erotic drives, fights off the impulse to masturbate, augments internal perception by blocking outward motor discharges and uses, as it were, the restriction of his perception of outside things as a substitute for orgasm. Patients who suffer from such attacks frequently describe their fear of the seizures as a fear of ' losing their senses '. A similar state of mind is found in patients who suffer from disturbances of the ability to fall asleep. With them also the initial stage of sleep is identical with an experience of masturbatory orgasm during childhood. They have a tendency to postpone going to bed or falling asleep—as a repetition of a defence against masturbation—or they have sensations of being abruptly awakened, with feelings of losing consciousness. I believe that this kind of sleep disturbance is the result of earlier interferences with the infantile masturbatory orgasm itself. As children these patients were caught *in flagrante delicto :* adults disturbed their orgastic reaction, e.g. with threats of castration. Such patients repeat this trauma of disruption of orgasm in disturbances of the semi-conscious (or pre-conscious) condition of falling asleep. I consider it very likely that persons suffering from hysterical attacks had similar infantile traumatic conflicts concerning masturbatory orgasm. But their reactions are different from those of the person with disturbances in falling asleep. They triumphantly expose, as it were, the masturbatory orgasm and use it as a means of inducing a state of sleep, thus obtaining hallucinatory satisfaction of repressed infantile sexual wishes—by internal perception.

The psychogenesis of hysterical twilight states must be of a nature similar to that of hysterical attacks. The remarkable thing is, however, that in such twilight states the subject's motor activities do not remain blocked. I have always been under the impression that twilight states are very closely related to states of somnambulism. Somnambulism is that strange disturbance of sleep in which actual sleep does not appear to be disturbed at all ; and yet somnambulism is a sleep disturbance—because sleep is disturbed in its function as a defensive mechanism against the collision between prohibited instinctual demands and reality. External perception seems to be shut off, internal perception is increased—but the accompanying blocking of affective discharges into outward motor innervations is not effective. We find the same condition in twilight actions. The few observations which I have been able to make on these phenomena lead me to the following conclusions. What individuals in twilight states, as well as in somnambulistic states, are actually doing is to act out unconscious masturbation phantasies. The loss of external perception is only apparent. It is, however, the *pre-conscious* which perceives the stimuli from without as well as those from within. The pre-conscious, as we know, is the part of the mental apparatus which does the actual dream work, which consists in symbolically disguising unconscious wishes—thus keeping their affective cathexis away from outward motor discharges. The pre-conscious of a somnambulist deals in the same fashion with the perception of stimuli from his environmental world. These object perceptions are associated with the pre-conscious dream work and are taken, not at their true value, but as symbolical expressions of repressed wish phantasies. In this fashion outside reality becomes part of the dreamer's inner psychical reality ; the super-ego diminishes its pre-conscious censorship and permits outward motor innervations for the purpose of gratifying infantile instinctual demands, because the outside world too appears to be symbolically disguised as a derivative of the inner psychical world.

Proof of this assumption is to be found in Sadger's (1914) monograph on *Sleep Walking and Moon Walking.* Here Sadger quotes some instances in which, for example, he was able to explain the influence which moonlight exerts upon a sleeper. The sleeper has a sensory, optical perception of the bright light shining into his room. He conceives the light as coming from a round full moon, but this round moon does not mean to him the real moon but the symbolical representation of his mother's breast. Following the path along which the beam of light leads him, the sleeper, without being aware of it, is moving in search of his mother's breast. It is no mere coincidence that activity in sleep is mostly synonymous with sleep-walking. It indicates that pre-conscious access to the motor centres of the lower limbs—of the legs and feet—alone is conceded by the super-ego. Legs are the means for flight, whereas the upper extremities, arms and hands, are the executive agents of aggression. Sleep-walking, therefore, reveals the perfect structure of a neurotic symptom. It serves as a defence against the satisfaction of forbidden infantile instinctual demands, and, at the same time, it serves as the satisfaction itself. Sleep-walking children try to escape from their forbidden repressed masturbation phantasies, which have been revived in their dreams—but they always end up at their parents' bedside.

One boy whom I was able to observe walked in

his sleep—especially when the moon was shining—but had obviously also had auditory sensory perceptions during sleep—auditory perceptions derived from noises associated with sexual intercourse between his parents in the adjoining bedroom. Once while he was walking in his sleep he opened the door of their room. When his mother called him by his name, he came to himself and cried out, trembling: 'I'm so afraid!' This experience shows that sleep-walking is similar to a compulsive act: it serves the purpose of avoiding anxiety. Anxiety becomes manifest again, however, the moment the compulsive act is interrupted. Twilight states are disturbances of the waking state, and, in my opinion, are very similar to, or perhaps identical with, somnambulism. In one case which I was able to observe, the actions of a patient in this condition always followed the same sequence and pattern. The patient, a man in his thirties, provoked a break with his superior, got drunk and prolonged his drunkenness into a twilight state. In this condition he travelled all over the country, only to come, eventually, to the town where his elder married sister lived. She was a mother-substitute for him. In her home he came to himself and had to be nursed by her for some weeks, since he was completely run-down. The symbolical meaning of his travelling in a twilight condition differs in no respect from the meaning of the action of a sleep-walking child. If we assume that the state of consciousness in which such dream-actions are executed corresponds to a pre-conscious state of mind and is similar to, or possibly identical with, the withdrawal of consciousness during orgasm, we may come to realize that such sleeplike conditions are able to overcome temporarily the blocking of the outward motor centres. For, during the stage of orgasm, derivatives of unconscious id-impulses certainly gain access to the pre-conscious, from which outward motor discharges can be set in motion.

If we wish to understand epileptic seizures as disturbances of the waking state, we must take into consideration the fact that sleep, as a defensive mechanism, must protect the ego not only against *erotic*, but also against suppressed or repressed *aggressive* instinctual demands. In the course of psycho-analytic treatments, we observe patients becoming tired, drowsy and even falling asleep as a defence against aggressive impulses towards the analyst. On the other hand, we are familiar with the fact that even normal persons are liable to be disturbed in their sleep, likewise in consequence of suppressed aggressiveness. Such people—especially if they share a bedroom with the object of their suppressed hostility—cannot fall asleep (for fear of losing control over themselves) or wake up immediately their aggressive dream hallucinations become too transparent to themselves. It appears that the presumed antagonism between the sleep centre in the subcortex of our brain and the motor centre in the cortex is much more pronounced if the ego has to defend itself chiefly against aggressive impulses than if it has to defend itself against infantile erotic drives. The super-ego, in its pre-conscious work as censor, seems to be especially severely opposed to allowing aggressive impulses to make contact with the nerve centres of the upper extremities—the agents of aggressive destruction. The result is that normal individuals, when they are exposed to the attack of overwhelming aggressive impulses, wake up, if they are asleep, as a defence against them, while psychopathic individuals, if they are awake, fall asleep under the same conditions. Sleep and the performance of overt actual aggressive acts seem to be mutually exclusive. If, nevertheless, as has sometimes been maintained, aggressive acts are intended in the somnambulistic condition, then these aggressive acts are presumably nothing but disguises for erotic instinctual demands. In one such case I was called before a court of law as a psycho-analytical expert and was able to prove the fact.

It seems as though the ego were only able to use sleep as a defence against aggressive impulses if a stage of sleep has been arrived at which guarantees the blocking of the outward motor centres. For this purpose sleep must apparently be sufficiently deep for no pre-conscious perceptions from the environmental world to be possible. Such a condition of sleep excludes the temptation to attack external objects, particularly if the perception of stimuli from within (the perception of additional urgent aggressive tendencies) is also blocked. In case external or internal perceptions are not completely inhibited, then dream work must at least be able to deprive the destructive ideas of their actively aggressive character. It is for this reason—in order to maintain the blocking of the motor end of the mental apparatus—that we do not dream of killing the people against whom we harbour suppressed murderous wishes, but dream instead that they have died and that we are mourning for them. By accepting their death passively, in the condition of sleep, we escape the necessity for attacking them actively in order to achieve the same end.

There are two disturbances of the waking state which follow the pattern I have outlined. These are epileptic seizures and narcoleptic attacks of psychogenic origin. I was able to observe one case of narcolepsy for only a few months. It was a girl of about seventeen, whose father, a prominent statesman, had been assassinated by his enemies. Here sudden attacks of sleep re-enacted the sudden death of her father, and she was thus re-united with him. Moreover, the material derived from this short period of analysis made it clear that the patient, during these narcoleptic attacks, dreamed that her mother, who was still living, had died. In other words, from the point of view of her unconscious wishes, the wrong person had been

killed. My only subsequent news of this patient was that she had become homosexual—obviously another way of identifying herself with her father and thus of continuing his life instead of accepting his death. The question arises whether similar mechanisms may not be at work in all cases of narcolepsy of psychogenic origin. An attack of sleep may symbolize the passive experience of death, which was originally intended to be the fate of the hated person ; but the sleep simultaneously inhibits any discharge of destructive and aggressive impulses against him.

I consider that genuine epileptic seizures are a narcissistic sleep involving a retreat of the ego to an infantile stage, which allows no perceptions whatever from without, and perceptions from within only in so far as the affective cathexes are concerned, but to the exclusion of the ideas attaching to them. This regression of the ego obviously represents a stage of development corresponding to that at which the infant was only able to discharge his rage by unco-ordinated movements. I derived these impressions from my treatment of war neurotics suffering from epileptic seizures, and in particular from a case which I treated at my sanatorium. This was the case of a morphine addict, who reacted to the first abrupt and complete withholding of the drug with an epileptic attack.

This leads me to conclude my lengthy discussion with a few words on the sleep disturbances characteristic of addicts, particularly of drug addicts. I have seen and treated quite a number of addicts. Their cravings for the auto-erotic enjoyment associated with the pharmacotoxic effect of a particular narcotic is nothing but the wish to repeat the orgastic sensation of infantile masturbation. However, the unconscious wish phantasies attaching to these repressed acts of infantile masturbation are of a decidedly aggressive and destructive nature. In such cases I have been able to ascertain that the addicts are compelled to repeat the withdrawal of consciousness which they had experienced at the climax of sexual excitement during infantile masturbation—sensations which had once served the purpose of introverting aggressive intentions. It is not to be wondered at that these people suffer from severe sleep disturbances, in particular at the time when they are undergoing treatment in order to be weaned from their narcotic, without any concurrent psycho-analytical treatment. They have to give up the auto-erotic, narcissistic possibilities of consuming their destructive energies during the day, and are therefore obliged to assign this extra task to the narcissistic condition of sleep during the night. In order to accomplish this, they have to take sleeping medicines—drugs to enable them to fall asleep and at the same time to safeguard them against committing aggressive actions. There are many addicts who have been cured of morphine by day, only to become sleeping medicine addicts by night. The danger is that it is usually impossible to keep up this dichotomy between night and day. The addict eventually either returns to his original drug or else turns to the most severe drug addiction I have ever seen—that of sleeping drugs in the daytime.

Before I reach the end of my paper, I should like to recall that the first and fundamental treatise on the subject of sleep disturbances, and especially of the importance of oral demands in regard to this syndrome, was published as long ago as 1921 by Michael Eisler under the title of ' Pleasure in Sleep and Disturbed Capacity for Sleep '.

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PSYCHIC DEFENCE AND THE TECHNIQUE OF ITS ANALYSIS [1]

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I

Freud opened up a new field of research, psycho-analysis, through the important discovery of the phenomenon of psychic defence. The dynamic conception of repression came into being with psycho-analysis itself. The creator of psycho-analysis also turned his attention to the forces which bring about repression and keep it in existence, to the mental agencies from which they arise and finally to the remoter causes which set them in motion. Later he described still other defensive measures against disagreeable feelings and the various vicissitudes which those measures undergo, such as reversal into the opposite, isolation, projection, etc. It was evident that increasing clinical use would be made of the knowledge of defensive mechanisms and their motives. The making conscious of rejected id-impulses seemed to presuppose that the analysand should have understood, first, that he was in fact rejecting something and, secondly, for what reasons and in what way he was doing so. Since, however, all this too was unconscious, the technical task arose of making him conscious of his unconscious reasons for, and methods of, defence. Different analysts, as we know, have offered explanations of these technical questions, but we find the clearest and most systematic description of defensive mechanisms in Anna Freud's valuable book (1936). It is certain that for a long time to come analysts who are working on this theme will turn to her work, which lays down the fundamental lines upon which this study must develop.

In what follows I shall attempt to throw light on certain defensive mechanisms and to draw attention to some of the problems involved. The first problem concerns the structural differentiation between the id and the unconscious parts of the ego. It is implicitly assumed that it is always the ego that wards off id-impulses that are felt to be dangerous as well as external situations of danger, although it is known that flight and defence of a reflex type also exist. Does every instinct then arise in the id and every defence proceed from the ego? If one considers that a frog, even when pithed, shows defensive reflexes, one must suppose that many defensive phenomena are instinctual; there are therefore, among others, defensive instincts. Where then shall we localize these? According to Freud, reflexes and involuntary actions represent muscular activities which arise directly from the system Ucs. The topographical assignment of a process to the system Ucs., however, does not necessarily imply that it is localized in the id. Similarly it has never yet been expressly stated whether parts of the ego can extend as far as the system Ucs. It is true that not only defensive reactions but instincts themselves, as well as various complexes (such as the Œdipus, the castration and the masculinity complex, etc.) are phylogenetically laid down. Therefore, apart from the Pcs. defensive actions, we find in the Ucs. itself both instinctual impulses and defensive mechanisms. Freud overcame the theoretical difficulty of ascribing a structural differentiation to the system Ucs. itself precisely by dividing the psychic personality into id, ego and super-ego.

It is true that for a long time we have not regarded the ego as synonymous with conscious mental activity. There are undoubtedly phenomena, such as the secondary gain from illness, which we ascribe to the ego even if that aim is sought after quite unconsciously. Indeed, all that Adler said about the phenomena which he called 'arrangements', 'assurances', etc., is referred by us to the ego. It is our view that the Individual Psychology of Adler is an ego-psychology, even though he examines unconscious processes. In his school, the id is only considered in a very one-sided way. Since rejected material was neglected, the unconscious defensive mechanisms of Individual Psychology had to be made to suit these one-sided assumptions. It is no wonder then that interpretation by reference to 'arrangements' showed signs of hypertrophy. That is not to say that Individual Psychology does not offer us plausible interpretations and explanations; these, however, are entirely restricted to the behaviour of the ego in different situations in life and to its unconscious reactions to different external difficulties and set-backs. This line of research was never disputed by Freud; he only criticized Adler for being one-sided in his explanations and for proceeding too much upon a ready-made pattern.

Now many analysts (e.g. Federn) are opposed to the assumption of a rigid dividing wall between the id and the unconscious parts of the ego: a wall of this kind exists rather, in their view, between conscious and unconscious psychic activities. In analytical practice we are *consciously* in direct contact only with the conscious part of the ego of our analysands. In our effort to make clear to the patient his unconscious defensive mechanisms and their motives, we are all the time concerned with making him conscious of unconscious material, even when we are dealing with processes which we ascribe to the ego.

The criteria by which we mark off the ego from the id are known. The ego is regarded as the portion of the mind which developed out of the id —to be exact, from its surface—as a result of contact with the external world. Consequently

[1] Read before the Four-Countries Psycho-Analytical Conference, Budapest, 1937.

the ego has the task of mediating between the external world and the id and for that purpose it acquires special capacities, such as reality-testing, the synthetic function (which strives towards the establishment of a unity), etc. The processes which subserve these functions operate for the most part unconsciously and only to a certain extent consciously. Consciousness is indeed only a kind of sense-organ which is at the disposal of the ego; thus the system Pcpt.-Cs. does not coincide with the ego. Now voluntary motility is controlled by the conscious part of the ego. One has to distinguish therefore in the ego itself between different layers, which manifest themselves by special functions. The study of defensive mechanisms is specially helpful in separating out several such layers, for there are deeper and more superficial methods of defence, as I shall explain later. Moreover, the problems of the dream censorship, its relation to the different defensive mechanisms and its participation in dream distortion, lead us to assume that the unconscious parts of the ego have a special structure and that they are not sharply marked off from the id. Perhaps even, our present-day conceptions about the structure of the unconscious are in general in need of a certain revision. It may be that in this field we shall have some day to deal with difficulties analogous to those which arose when the instinctual dichotomy between the ego and the sexual instincts no longer met the requirements of science, and Freud, after setting up the concept of narcissism, was himself obliged to introduce a new instinctual dichotomy in *Beyond the Pleasure Principle* (1920). It was with difficulty that he succeeded in defining the boundary lines between ego-libido and the non-libidinal ego-instincts.

In the case of research into the ego, it will be on the whole safest for us to concentrate our attention upon ego-feeling, which has been Federn's special study. According to him, ego-feeling reaches as far as the ego-cathexes extend. Since the mature ego is no longer able to feel in an infantile way, it often happens during analysis that important repressed memories and associations emerge in the patient; but only the ideational contents become conscious, while the corresponding affects do not arise and consequently the energic cathexes are not discharged. In such cases, indeed, we cannot rule out an unconscious defence against affect. In the work already mentioned (1936), Anna Freud has illustrated defensive mechanisms against affective states that are felt to be distressing or dangerous; incidentally, her examples are taken from transference affects, to which I shall shortly pass on.

In order to demonstrate the rôle of ego-feeling in these cases, I will now draw attention to an experience which every analyst must no doubt have had with his analysands. Phases occur in analytical treatment in which the patient indulges for some time in certain memories of an earlier period of life, puberty or childhood, in the course of which he *does* revive the experiences in question in an affective way. But in that case it will be found that his ego-feeling contemporary with that period is also being simultaneously awakened. Former feelings and attitudes towards the internal and external world are generally revived during this phase; contemporary tendencies and inclinations rise to the surface once more. An adult woman patient, for instance, will feel attracted to dolls again, will expect caresses from her parents of a kind appropriate to a much younger girl; an adult male patient will begin playing his violin if he hears the approach of a girl whose heart he hopes to win, just as he used to do in his years of puberty. Usually, too, the relatives of such patients become aware of alterations in their whole behaviour, in their attitude towards themselves and other people and in their facial expressions, etc. We must, it is true, regard a regression like this of ego-feeling to earlier levels as a pathological phenomenon: we breathe more freely when the relatives of our patient get no more than an impression that he has in some way been refreshed and rejuvenated. Of course, alongside the re-awakened earlier ego-feeling, the patient's maturer judgement and his later psychic acquisitions remain. Thus regression to an earlier state of the ego does not in any way exclude the persistence of later developmental products. If the ego-feeling regresses only temporarily to an earlier state, in order, as it were, to make it easier to dispose of a past trauma or conflict and then adapts itself once more to present-day reality in the normal way, we regard the whole course of events as a transitory symptom that has been inevitably evoked during the analysis.

The childish ego has less respect than the adult for reality: its expectations, its emotional reactions, its needs and its whole attitude are different from those of an adult. Now it appears that the conscious and affective recollection of a past experience is sometimes bound up with the reawakening of the contemporary ego-feeling. If while a repressed memory of childhood is once more coming to the surface, the adult's ego remains unchanged, then this new memory will usually alter his psyche as little as would a new piece of theoretical knowledge. A patient who had long since recalled some quite specific traumatic experiences, involving, in particular, threats made against him by his father, without feeling in any way relieved, suddenly said to me one day in the analysis: 'Now I can feel my way back into the psychic climate of those days!' It was only in that psychic climate that he was able to re-experience affectively the infantile threats which he had long had in his memory. When he got up from the sofa after the session, the present-day state of the ego was immediately restored. For the state

of the ego is often obliged to sink back to the level of the newly emerging memories, in order to be in a position to take up the corresponding affects, but it rises once more to the present-day level after their release, provided that the analysis is proceeding normally.

On the other hand, analytical practice shows us that the state of the ego seldom, and never completely, regresses to earlier phases, apart from the fact that the earliest states of the ego can hardly recur. How is it, then, that, in spite of this, affective discharge of the unresolved psychic situations does take place in analysis ? Experience shows us that if the prophet ' ego ' will not come to the mountain, i.e. to the repressed experience, the mountain comes to the prophet. In other words : the old unresolved experience moves towards the mature ego. Freud has shown us that the repetitions that are so familiar to us are new editions of old unresolved psychic situations, to which we may add that they are new editions that have been adapted to the present-day state of the ego. This takes place not only in transference situations in relation to the analyst, but also in other current experiences. The fact that we pay very great attention to this and take in hand the resistances which oppose the affective transference situations shows that we know very well that they happen just because earlier analogous situations have not been overcome—and, it may be added, because ego-feeling has not been able to reach those analogous situations regressively in memory. What the infantile ego was not able to achieve in the way of independence, orientation, judgement, toleration of anxiety and unpleasure, renunciation, etc., the ego must now carry out, in its present-day state, in the form of these new editions. These of course mostly appear as derivatives and as products of metamorphoses of the original experiences. All analysts know, moreover, that the psychic processes of recovery and change in the patient advance much more as a result of re-living and overcoming the conflicts and traumatic situations in their present-day repetitive form, rather than as a result of newly emerging memories of a distant past. Indeed, I should like to remark that all those psychic events which have been remembered and expressed in the analysis without bringing relief have to be re-experienced in new editions in the present, and it is only then that they can be resolved. It would, therefore, be incorrect to say that repetition always takes place *instead of* remembering, since it very often occurs *in spite of* remembering. I shall use the term ' levelling process ' to describe the process by which the early experience and the state of the ego meet on the same plane—the same level—whether it be that the ego-feeling regresses to the phase of the experience or, as more often happens, that the experience reaches the present-day ego in the form of a new edition.

The question now arises whether the different types of defence are bound up with different states of the ego. If this should be the case, the further question would arise whether the different defensive mechanisms express themselves too in the new editions which the present-day ego experiences. Anna Freud (1936) makes a distinction between two components in the transference-manifestations that arise from the past : an id component and a defensive mechanism which (to quote her words) ' we must attribute to the ego—in the most instructive cases to the ego of the same period of infancy in which the id-impulse first arose ' (p. 21). Thus she does not speak of states of the ego but of the ego belonging to different periods of life. But a new edition in the transference is not the same as an exact repetition of the earlier incidents or conflicts of the infantile period, since the state of the ego in the two cases is different : the repetitions are to a great extent adapted to the present-day ego. The question, therefore, remains an open one and can only be solved by further research. For its solution, we need cases in which new editions occur and in which we can get really trustworthy information about the history of the development of the patient's ego. In what follows I shall also consider in this connection the varied nature of the different defensive mechanisms.

When we are considering the levelling process we must therefore keep in mind not only the material which has just emerged from the id, but also the state of the ego, since the special form in which the material that had previously been rejected reappears depends upon the state of the ego as well : memories, phantasies and various kinds of action can contain the material for which we are seeking hidden in the most diverse products of metamorphosis. Furthermore, it is by no means absolutely certain that the measures of defence against painful transference situations must be identical with the original measures adopted in childhood. Once again we may lay stress on what Anna Freud (1936) has said : ' It is only when observation is focussed now on the id and now on the ego and the direction of interest is twofold, extending to both sides of the human being whom we have before us, that we can speak of *psycho-analysis* ' (p. 15). For my part I should be inclined to think of this alteration of the focus of observation as occurring both between the instinct and defence on the part of the ego (or for the protection of the ego) and between what is becoming conscious, whether it is an instinct or a defence, and a state of the ego.

II

I shall now try to show that the different forms of defence correspond to different functions and are valid for danger situations of various kinds. The different defensive mechanisms arise in different layers of the psychic apparatus, which are

superimposed upon one another, and we must be extremely careful about ascribing to the ego all the layers in which defensive mechanisms arise, unless we take it as a postulate that everything psychic from which a defence can proceed belongs to the ego.

Since the dream is undoubtedly the royal road for research into the unconscious, it occurred to me to study unconscious defensive mechanisms in reference to dreams. I thought to myself that perhaps dreams might also show us new ways of investigating defence : after all, defensive mechanisms express themselves in dreams through the activity of the dream censorship. But the activities of the dream censorship are revealed in dream distortion and in amnesias. The latter no doubt correspond to repression ; but as regards dream distortion, its relations to the defensive mechanisms are much more complicated. According to Freud the unconscious elements evade the defence set up by the censorship, provided they are distorted. An exact description of all the problems involved would lead us beyond the range of this paper. The processes which take part in dream distortion vary in their nature and importance : there are, for instance, the primary process of the mind (displacement, condensation), symbolization, topographical regression from Pcs. to Ucs. (by means of which, among other things, dream pictures arise which can be interpreted by means of word-bridges), secondary elaboration, the functional phenomenon, etc. In our research we shall, of course, not forget that, when we are dreaming, the external world is shut out, whereas in the defensive mechanisms of waking life the relation to the external world plays the chief part. I intend, however, only to make use of research upon dreams in so far as it assists our understanding of defensive mechanisms. We shall constantly bear in mind the difference between dream and waking states.

A male patient told me the following dream : ' I was in the country, in a place where I spent my childhood. A dangerous man of gigantic size was wandering about there, threatening the whole neighbourhood with a club. I tried to run away from him and used every possible trick for the purpose, but it was all in vain. I then thought of shooting him with a gun that I was carrying, but I was afraid of his anger in case I were to fire both shots unsuccessfully. I then found myself in a room with a friend of my childhood and decided to protect myself from the giant with the club by putting out the light. But I realized immediately that, if I did that, the danger would become worse, since he could then come at us from either side without our knowing it. Later on, I came upon him sitting down and at once made use of the opportunity of smashing his head with a chopper from behind—which I actually did. . . . '

In the manifest dream, defensive actions appear which are appropriate to the distorted elements, that is, to the manifest images. These actions proceed from the conscious dream-ego and so from a superficial layer of the mental apparatus, which is not identical with that which activates the dream censorship. But these manifest defensive systems in the dream are of the kind which are used against dangers from the external world. The consideration in the analysis of these defensive systems led us to a discussion of some important character traits of the patient and of some of the attitudes towards the external world which were peculiar to him. The patient, for example, never approached his opponents face to face, he used to avoid challenging them directly, he kept out of their way and worked round them in order to fall upon them from the rear when a good opportunity arose. But if he had to, he could fight them face to face quite recklessly.

In phobias we come across a defensive system which we shall call *secondary*, in so far as it is concerned with dangers that are supposed to be external. The projected instinctual danger embodied in the dreaded object of the phobia presupposes an earlier, *primary* defensive mechanism, which, however, is quite unknown to the ego and must be of quite another kind, since it deals with an internal and not an external danger. This primary defensive mechanism is in fact repression. In a phobia, the ego experiences, in place of the instinctual danger of which it is not aware, an external danger, against which it attempts to defend itself with the same means as those generally employed against external dangers. But defence against what is within need not be fundamentally different from defence against what is without.

The dreamer whom I have been describing did not suffer from a phobia but from depressions and inhibitions of work. I asked him if his particular way of meeting external danger was not perhaps similar to his way of warding off painful thoughts and feelings. My question was not without result, for the patient associated to it as follows. He was constantly in fear of his sexual impulses, he said, because he could not rid himself of the thought that they were harmful to him physically and mentally. Moreover this was justified by experience. Every time he had a prolonged erection or an emission, he felt dejected for days on end ; and it interfered particularly with his capacity for work, since it gave him a stupefied feeling. Sometimes he was suddenly and unexpectedly seized by an irresistible sexual desire, when, for example, he met an attractive woman or read something which aroused his sexuality. He therefore devised means of diverting his thoughts and of avoiding the awakening of the impulse ; but all these measures were ultimately useless. Since he could not win possession of any woman, he occasionally visited prostitutes, not because he had any desire for them, but in order to silence, for a time, the

impulse which would give him no rest. But, in spite of this, there would follow after a time a regularly recurring mental and physical depression.

Thus his conscious ego repulsed conscious internal and external dangers in a similar way. The question now arises why the sexual instinct produced such despondency in him. The patient understood that the solution of this problem must be connected with the fact that in the dream his impulse took the form of a frightful and threatening giant. Indeed the patient tried to explain this interdependence by saying: 'It's because my sexual instinct produces such despondency in me that it's represented in the dream by a giant with a club.' This representation is an example of Silberer's 'functional phenomenon'. I then suggested to him that the same reason, as yet unconscious to him, might be responsible for the dangerousness of his impulse as well as for the choice of its representation in the dream. And I added: 'What a pity that you killed the giant in the dream, for it would have been interesting to see what he'd have done to you, if he'd caught you.' But the patient could quite well imagine what would have happened: he would have been killed and would then have woken up in great anxiety. The patient was right; to have refrained from defending himself would have exposed him to a fright without making him any the wiser. All the same, I tried to make it clear to him that he was, from time to time, killing the giant in reality, when he had dealings with prostitutes, so that we should no longer be able to investigate the remarkable and dangerous character of his sexual instinct.

It would be a mistake to expect that sexual abstinence on the part of a patient will be followed immediately by a clearer understanding of his instinct. The patient will not feel that his impulse is either changed or increased by it. This is quite apart from the fact that it is a delicate matter to recommend abstinence to a patient or to advise him to discontinue unsuitable gratifications. Patients much too easily project on to the analyst a strict super-ego, which will be angry with them if they transgress what is taken to be a prohibition. One must therefore be on the look out for the slightest signs of any timidity or considerateness towards the analyst and analyse them, since the patient must not in any case do anything either out of love for the analyst or from projected anxiety in regard to him. On the contrary, one must arouse in the patient a feeling that one's regard for him would not be lessened and that one would continue the treatment with the same interest, even if he could not give up his former sexual *régime*, or not at once. Sooner or later he will have to give it up for internal reasons—because he understands its meaning. For this patient, the discontinuance of his former sexual gratification had the significance of the abandonment of a defence. But even if a patient, as happened in the present case, checks or at all events severely limits a sexual gratification for these internal reasons, he does not as an immediate result attain a better understanding of the nature of his instinct; but one thing is certain, namely, that some new material will emerge. And indeed, a short time after this, the patient had the following dream: 'I found myself with some colleagues in a large hall. The Duce sat in the middle and behaved in a very friendly way towards us. We told him some things which were bound to be agreeable to him, and even I said something to him to which he listened attentively. I then walked out of the hall into a lobby, which reminded me of a tax collector's office—a place that one dislikes going into, for fear of being taxed too high. Suddenly a friend of mine rushed out in horror from the hall that I had just left. For a few moments the thought of an assassination occurred to me; but it was something different. My friend, who was actually trembling, told me that, in the middle of the hall, which had meantime emptied, he had found an excised female genital. . . .'

The surrender of a superficial defence on the part of the ego (i.e. his giving up the sexual gratification in question) did not, therefore, immediately give him an understanding of something new. But something new was offered to us, which could be made use of to help on the analysis. This time, again, I said to the patient: 'What a pity that you left the hall. If you'd stayed, you'd have been a witness of the strange events that took place there. Where could this female genital have come from? There was no female in the hall. And, indeed, why did you leave the hall at all?' Naturally the patient did not know. The dream was as enigmatic as a detective story. And, for the matter of that, how could the patient have borne what happened? After all, he had been very savagely treated. Not only had he been turned into a woman, but had had everything else cut away as well, so that all that was left of him was his female genital. Who could stand such a severe surgical operation without an anæsthetic?

Naturally an exact interpretation of the dream would not have helped the patient very much to become conscious of his femininity. Nevertheless I was able to make him understand that something unconscious was striving within him and that unconscious processes were at work, which his ego could not, perhaps, as yet tolerate. Still, it was already possible to discuss his feminine side with him, as well as his specific attitude to men of the father category, his reactions towards them and other things of the same kind. In this way his attention was drawn to regions of his mind of whose existence he had been completely ignorant before, and the analysis went ahead swimmingly.

In focussing our attention alternately on instinct and defence, we have to distinguish the more superficial from the deeper layers of the defence.

First and foremost, we must discuss what I have spoken of as the *secondary* defence. When analysing the neuroses, it is our custom, generally speaking, to get the patient to withdraw his anti-cathexes and to give up his phobic avoidances. These phobic avoidances represent the secondary defence. Now let us, in our present case, consider the *primary*, unconscious defence, i.e. repression. The second dream reminds me of a comparison made by Freud in his *Five Lectures* (1909), delivered at Clark University. He compared the repressed instinct, or rather its presentation, with an interrupter who has been ejected from the lecture hall. 'He has now been repressed', said Freud at the time, 'and I can go on with my lecture.' In our present case, it was the dreamer who had left the hall, and then someone finished him off in the absence of his consciousness. To keep to Freud's simile, the hall which he left represented that part of his mind which contained his repressed impulses. The dream did not say straight out why the dreamer had left the hall, but the reason was inferred by us from the dream-pictures which followed. His consciousness had spontaneously withdrawn from a particular psychic sphere. While we were able previously to induce his ego to give up its avoidances and conscious measures of defence, his ego was not able now to direct his consciousness towards certain psychic elements—or, returning to our simile, to enter a particular hall.

The process of repression seems to show a certain similarity with another familiar method by which consciousness is obliterated—I mean by fainting. When fainting is the result of certain states of mind that are unbearable to the ego, it may also perhaps be considered as a special kind of defence. It may certainly be regarded as a collapse of the ego under the impact of excessive quantities of excitation (especially of destrudo [2]). On the other hand, if one considers the purpose of anæsthetics in surgery, one may be inclined to regard fainting as a defence for the protection of the ego. I have naturally not forgotten that it is the business of repression to protect the ego *in its functions*, while fainting signifies the stoppage of all ego functions and therefore exposes the individual to real dangers. Nevertheless, a common element might be found in the two phenomena and the question might be raised whether, generally speaking, there may be mechanisms of defence, such as repression, which do not proceed from the ego and yet have the function of protecting the ego. In other words: are there other defensive phenomena, which do not proceed from the ego and yet result in the protection of the ego? We shall not go into the question of which department of the mind it is that these might be expected to proceed from, but may remind ourselves that our schematic division into ego and id does not have to fit in with all the phenomena that are gradually being investigated. Our theories can never be binding, but on the contrary they must adapt themselves to the findings of our science, and not the other way round. And every new difficulty in our science makes us aware of how much we are groping in the dark.

The idea of an instinctual defence against instinct for the protection of the ego and its functions would however necessarily influence our analytical approach to our analysands. If the ego does not create repressions, then it cannot itself remove them. The ego has only to be placed in a position to be able to tolerate the repressed, so that repression no longer occurs. The shutting of an eyelid occurs automatically as a protection for the eye. If the eye is hypersensitive and shuts convulsively with only normal stimulation, it must be given treatment, so that its hypersensitiveness to such stimuli is made to disappear and the eye ceases to react with convulsive contractions. In repression there is the further fact that the withdrawal of the ego-cathexes occurs not only automatically but also quite unconsciously. It is only by influencing the super-ego, by removing inappropriate ideals and opinions, by effecting new orientations, etc., and thus bringing about a corresponding change in the ego, that it is possible indirectly and gradually to affect the process of repression, that is to say, the instinctive, reflex and unconscious exclusion of certain elements by the internal boundary of the ego.

I know no better way of illustrating this state of things than by describing the nature of agoraphobia. Many years ago in the Vienna Psycho-Analytical Society Freud expressed the view that agoraphobia was a matter of spacial projection. It is only recently that I have been able to understand the idea of a projection of this sort. We will now consider this mechanism rather more closely, without regard to the specific contents of the particular phobic anxiety. For the time being we will leave out of account the fact that the agoraphobic is afraid of his exhibitionism, of his sexual temptations, which would be punished by castration, of his aggressive instincts, which would turn him into a mass-murderer, and of every possible kind of dangerous impulse. All the explanations that have so far been given have failed to show why an instinctual danger should be displaced on to one particular situation, namely that of leaving a house, usually one's own, of being at a distance from it, of going to unfamiliar places, etc. The opportunity for temptation and for exhibitionism, and the symbolic leaving of the mother's protection and care—all of these undoubtedly play their part. But these explanations do not deal with the kernel of the symptom, with all its possible variations. The most constant element is probably fear of

[2] ['Destrudo' is a term introduced by Weiss (1935) to denote the energy of the *death* instinct, on the analogy of 'libido', the energy of the *sexual* instinct.—Ed.]

reality (the external world). I was talking one day to a woman suffering from agoraphobia about her horror of mutilations, when she was suddenly overcome by feelings of anxiety accompanied by a sense of alienation. 'Please stop!' she said imploringly, 'don't go any farther! you're dragging me outside my safety zone!' It was easy to see that her words were not merely meant as an allegorical figure of speech. In her neurosis, the patient had really projected certain regions of her mind into the external world, in the same way as the former patient represented the region of his repressed unconscious by the hall which he had left in his dream. A house, particularly his own house, unconsciously represents to the agoraphobic something much more specific than his own person; it represents the ego with which he is familiar—the ego which has been shaped by his parents and by his super-ego. The more he strays from it, the more he feels himself in a foreign country. The external foreign country, remote from his home, comes to have the significance of an internal foreign country, remote from his ego. We can also look upon this neurotic behaviour as a method of representation employed by the unconscious and can say that the internal foreign country is represented by the external one and the internal danger zone is neurotically replaced by an external one. At any rate, this method of representation makes use of the mechanism of projection.

Let us now consider active therapy in relation to agoraphobia. Active therapy has always been regarded as a kind of renunciation of defensive measures by the patient, to which he has to be spurred on by his analyst. The latter seeks by active therapy to induce the patient's ego gradually to reduce a secondary defensive system by an effort of will. If, during an analysis of a case of agoraphobia, one is hard upon the tracks of the repressed complexes, two parallel processes can be distinguished in the defence of the ego. For the internal anxiety-laden experiences can be conjured up in two ways: firstly, if the ego enters into regions of the mind which are foreign to it, as happens in an analysis which is well advanced, and secondly, if the patient enters unknown country, which has a symbolic value and represents a projection into the external world. In the latter case the patient, in leaving the house which represents his ego, exposes himself to very distressing experiences. When, in spite of his anxiety—for reasons of active therapy— he leaves the house, he is not carrying out so direct an active therapy as when in the analysis he is examining his anxiety-laden complexes. No doubt active therapy that is directed towards the representation (i.e. the leaving the house) also gradually brings the patient's ego nearer to the repressed, though in a less immediate way. But let us see what is the direct result of this active therapy, that is to say, of the relinquishing of a secondary, more superficial defensive system. The ego will simply be exposed without any defence to dangers of a particular kind. For when it enters the unfamiliar region in spite of its anxiety, it is overcome by painful feelings of alienation and attacks of giddiness and sometimes also by a feeling of going mad, or it may even lose consciousness. How do these things come about?

In the patient's id there is a high degree of tension owing to repressed elements which are trying to break through into the ego. In order to defend itself against this, the ego has had to organize a whole front of anti-cathexes and its mental frontier has had to be strengthened against the internal foreign country. A more correct phenomenological description would be as follows. A whole front of anti-cathexes has been mobilized to protect the ego. The ego does not usually become aware of the unknown enemy until a breakthrough has occurred, which it experiences as a feeling of alienation accompanied by anxiety, or until after a fainting fit, a painful attack, etc. In its frantic efforts to close its frontiers, it shuts itself indoors (which can naturally be regarded as a representation too) with the symbolic meaning of keeping to its ego. In the same way, leaving the house gets the meaning of 'going beyond the protection of its ego frontier'. When it goes away from its own house, great quantities of stimulation with a high content of destrudo break into its domain from the id. As I have already shown in another paper (1935), destrudo is mainly responsible for the production of anxiety and suffering. Perhaps a neurosis might be regarded as an intoxication by destrudo. But the quantities of stimulation which press in are not bound by the Pcs. cathexes, or rather ego-cathexes. Freud taught us that the process of repression consists in the withdrawal or withholding of the Pcs. cathexes from the representatives of the instinct. From the point of view of our modern knowledge it would be better to speak of ego-cathexes. We shall therefore say that the ego is inundated by id-cathexes and that its own cathexes (Pcs. ones) do not take up the invaders. Or, to put it in another way, the inundating quantities of stimulation are quantities to which the ego-cathexes do not extend. Thus with the withdrawal of the (Pcs.) ego-cathexes the ego is not yet protected from the rejected id-impulses. (We are not speaking here of the substitutive ideas, for these do retain an ego-cathexis.) The impulses which have been turned back can penetrate, as it were of their own accord, into ego-territory without ego-cathexis. Thus Ucs. id-impulses can repress ego-feeling. The ego can actually undergo an inundation by the id, in which case the ego loses the feeling of its own entity; it feels both itself and the external world estranged, it becomes dizzy, its functions are paralysed and it may even lose consciousness.

These, then, are the direct results of giving up the secondary defence. This defence undoubtedly

proceeds from the ego. But the primary defence consists in the automatic and instinctual withdrawal of the ego-cathexes (as happens in the defensive reflexes) in the face of the id-cathexes which approach the ego. If this unconscious defensive reflex should not occur, then the ego in its existing configuration would find itself in an impossible situation or would do some damage. But if the ego is courageous enough to abandon its secondary defensive system only, it experiences passively the most tormenting effects of a flood of excitations, foreign to the ego, without having the remotest feeling that it is a question of a defence. Analysis shows us that the specific sensations of anxiety are full of meaning, although the ego is completely unaware of this. As the ego is gradually altered by means of the analytical work of orientating and making conscious superficial mental layers and of successively destroying false standards, etc., more and more of the cathexes which break through are taken up by the ego-cathexes and the ego includes them within its borders and feels them to be its own impulses. In analyses which are well advanced, it may, for instance, happen that in the session itself a feeling of alienation that has been evoked may change into ego-cathected emotional impulses. Such changes occur for the most part in connection with transference situations.

The different kinds of defence, therefore, not only proceed from different layers of the personality, as we already know, but are also fundamentally different in their character; and it is of the greatest practical importance further to elucidate these differences

In the case of those phobias which, in a narrower sense, can be called projection phobias, as for example animal phobias, the repressed id-impulse is bound to the presentation of a substitute which has been cathected through displacement, and the objects concerned are then phobically dreaded. It is true that the substitutive presentations receive an ego-cathexis, but the ego does not recognize their origin and therefore does not recognize the instinctual danger either. But since the ego-cathexis does, after all, find employment (in contrast to what occurs in agoraphobia), being used for consciously grasping the substitutive presentations (which implies that the *instinctual danger* is projected into the external world),—since this is so, the projection into the external world of the subject's *mental topography* does not take place. This latter projection seems to depend upon the fact that no binding of the repressed cathexes to substitutive presentations has been achieved, and it is precisely for this reason that a foreign country in general is dangerous, irrespective of its being an internal or an external one. The characteristic element in agoraphobia, and perhaps also in pathological fear of heights, seems therefore to be a consequence of the fact that the non-effected ego-cathexis of a repressed id-impulse has not become attached to any specific substitutive presentation.

For the purpose of a clearer survey, I propose to give a phenomenological description of primary and secondary defences in connection with anxiety hysteria.

(A) *Primary Defence*

In order to protect the ego, the ego frontier of the psyche, in a given configuration, shuts itself off against particular id-impulses. This shutting-off, this withdrawal of ego-cathexis when the id-impulses press forward, comes about unconsciously, instinctively and convulsively. The fewer the id-impulses which the ego takes up, the poorer is the ego in psychic energy (libido and destrudo). Often the ego's poverty in libido is represented in dreams by being poor or becoming poor—an instance of the functional phenomenon. When there is a strong pressure from the side of the (Ucs.) id-cathexes, either the cathexes concerned are displaced on to substitutive presentations, which, as Freud has shown us, permits a rationalization of the anxiety that is coming into being, or the Ucs. id-impulses penetrate into the ego without receiving the corresponding (Pcs.) ego-cathexes. In the first case, the substitutive presentations achieve a corresponding ego-cathexis and the objects concerned, which thenceforth represent the instinctual danger in its projected form, are phobically avoided. By this means secondary defence is set in motion. In the second case, the withdrawing (Pcs.) ego-cathexes are not bound to substitutive presentations, but the id is feared in a general way, whenever uncanny, destructive and ego-disruptive forces are at work (destrudo, or preferably fusions of libido with destrudo in which the latter is in excess). The id is represented allegorically by a country that is foreign to both one's ego and home.

From the point of view of the functional phenomenon, deep places, tunnels, the sea and wide stretches of water, etc. also represent the id—that unconscious, dark and unknown foreign country. From the point of view of symbolic relationship, all these localities represent the mother, the ' inside ', the mother's genital (female). According to some English analysts (Melanie Klein, Jones and others), the ' dragon in its cave ' is the father's dreaded penis hidden in the mother's body. What my patients, in many analyses, have been able to feel consciously was that they feared the male (attitude, aggressiveness, special mode of thinking, etc.) in the female. For the most part of course this ' male ' in the woman is the result of her identification (by introjection or oral incorporation) with the father (man). The same manifest content, however, has a latent meaning from the point of view of the functional phenomenon as well; for there is no doubt that fear of the female genital also

represents fear of the ' inside ' (standing for the id) where destructive, consuming powers (dragons) dwell. It would certainly be profitable to investigate the relationship between functional and symbolic representation.[3]

A primary defence can only be brought to an end by making an alteration in the ego. If its sensitiveness to particular id-cathexes can be reduced by influencing the super-ego, by making traumas conscious, by removing unsuitable ideals, by giving instruction, by effecting a new orientation, etc., then the id-cathexes in question will be taken up by the ego's (Pcs.) cathexes. In this way the ego will become richer in energy.

(B) *Secondary Defence*

The motive for conscious secondary defence is the avoidance of painful experiences, whose origin is unknown to the ego. The ego tries, it is true, to rationalize its anxiety in relation to a phobically feared object, but this rationalization does not stand up to a critical examination. Why is the patient afraid of an object ? He does not know. Or, for reasons that are unknown to his ego, he is subject to giddiness, to feelings of alienation and of going mad, etc., particularly if he ventures outside and away from the house. These are the effects of a flooding of the ego by the Ucs. cathexes, which penetrate into the ego without corresponding (Pcs.) ego-cathexis. The ego then assumes a defensive position against these painful experiences which are accompanied by feelings of anxiety : it avoids certain situations consciously, seeks out other situations consciously, and so on. This defence can be consciously given up, if the patient summons up the courage to do so and if he understands the reasons for such a step. The direct result of partial or complete renunciation of secondary defence is that the patient lays himself open to the painful experiences (unknown in their origin and often very difficult to bear) which he consciously wanted to avoid. If one can hit upon the right dosage of this active therapy, the analysis becomes richer in content and the patient brings more important dreams and other types of material (transference, action, memory, association, etc.). If one goes beyond the optimum of active therapy, the analysis is retarded : most of the patient's psychic energy is used up in the wear and tear of having to expose himself to these painful experiences with their associated anxiety. The ego's first concern is with the *manifest* experiences of anxiety. It should not, however, become of greater importance to him to avoid them, owing to unbearable anxiety, than to understand their meaning.

A strict adherence to the fundamental rule, of course, is among the ways of giving up secondary defences.

III

If we now examine the defensive methods of isolation and undoing, we cannot treat them in any way as methods of defence correlative with repression, which we have just described. That would be a great mistake. In the first place, these methods of defence proceed from a more superficial layer than repression, approximately the one from which phobic avoidances (secondary defence) proceed. In most cases, isolation and undoing also apply to a substitute (by displacement) of the originally (primarily) rejected impulses : displacements on to details, on to symbolical expressions, generalizations, etc. Secondly, isolation and undoing represent attempts to prevent dangers of quite a different character, which is determined by the specific ego illness of obsessional neurotics. When one induces a phobic patient to give up his avoidances, one exposes him to attacks of anxiety or to phenomena of inundation accompanied by anxiety ; on the contrary, when one induces an obsessional neurotic to give up his isolations and magical acts of undoing, one exposes him to the danger of not being able any longer to distinguish psychic reality from physical reality. It is hallucinations and delusions that are prevented by these typical defensive mechanisms of the obsessional neurotic, which (corresponding to the phobic avoidances of the hysteric) are of a secondary nature. Of course these hallucinations and delusions have in this case a frightening content—one has killed someone, one has actually smeared oneself with fæces, and so on. As I have explained in another paper (1932), the conflict of ambivalence of the obsessional neurotic is not concerned with the real object but with the presentation of the object, the image of the object. Magic, omnipotence of thought, etc., have to do with psychic reality only ; they are effective—so to speak—only on a psychic plane. The obsessional neurotic carries on a constant but vain struggle to maintain a distinction between the two realities, the internal and the external. Further, he is afraid to change (or to allow to be changed) into reality things that only possess a psychic value. He suffers from an intermixing of internal and external worlds, which is illegitimate and incongruous to a devastating degree.

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[3] Through my meeting with Dr. Ernst Bernhard early in 1937 I obtained some insight into Jungian psychology. According to this psychology, sea, water and earth represent the ' collective unconscious '. Since that time I have often been able to confirm in my analyses that these images can actually represent deep unconscious regions of the mind, to which no ego-cathexes extend and out of which proceed the instincts of the id and ideas which have been laid down phylogenetically. I am too unfamiliar with the Jungian psychology to be able to take up a precise attitude to it. For example, I have not been able to fit the ' collective unconscious ' of Jung into the concepts of Freudian psycho-analysis. Moreover, I have not yet been able in my own analytical experiences to understand sufficiently the relation between the primal idea of the mother and the unconscious.

IV

We have seen that in agoraphobia parts of the mind are represented by localities in the external world. What Freud brought forward in a pictorial form in his *Five Lectures* (1909), in order to make the topography of the mind clear to his audience, is actually found neurotically represented in agoraphobia. Furthermore, we have seen that dreams too make use of a similar type of representation, which we may regard as an instance of the functional phenomenon. When we turn our attention to the ego side, the recognition of representations of this and similar kinds is of the greatest importance. Mental states are also represented by means of projection into the external world. The weather and the time of year play an important rôle with many neurotics and can influence their symptoms considerably. Moreover, speech, particularly that of temperamental people, makes use of metaphors based upon the weather in order to indicate states of mind. And in dream analysis one can see the importance of places, such as particular towns, houses, etc. They can represent psychic situations which the patient has experienced in those places. If, in a dream, one suddenly finds oneself in another town or in another place, that means that one has got into a particular psychic state, and this state can be discovered from the associations to the place. A patient, for instance, dreamt that she had rejected her lover; the scene which, in the dream, followed immediately afterwards, took place in a different house. She had in fact, as it turned out, lived in this dream-house for a part of her life during which she was in strong revolt against her mother. The rejection of her lover had, therefore, put her back into an early Œdipus situation, or it may be that the rejection came about as a result of a strong father fixation which still persisted.

But much more important than the projection of mental conflicts or situations into the external world is the projection of the subject's own impulses, attitudes, character traits, etc. on to other people—a thing which happens to all of us to a great extent. Here also the study of dreams is our best guide. Freud teaches us that one's own ego can be represented in a dream by another person, e.g. by a person whose face one does not see or by someone who is unknown to us. Further, he tells us that wild animals can symbolize one's own bad impulses. In both cases a part of one's own person has been placed outside the dream-ego.

In some other of my writings (1925 and 1926), I have tried to show that in the normal process of development one frees oneself to a great extent from the element in oneself of the sex opposite to one's own, by putting it at a distance, and then searching for it in the external world in objects of the opposite sex, in order to unite with them. As I explained at the time, this union represents a coming together once more with the element of the opposite sex in oneself which has been projected. The type of love-object that is sought is determined by what I have termed 'passage through the ego': the former introjected object, usually the parental imago of the sex opposite to one's own, is rejuvenated by being re-projected; this imago takes on narcissistic traits for other reasons as well. Since writing this, I have often been able to confirm that women in men's dreams and men in women's dreams usually represent the element in the dreamer of the sex opposite to his own. An analysis of these dream figures provides us with very important information about attitudes and character traits of the ego. Indeed, the projected element of the opposite sex is very often used as a vehicle for representing, in a projective form, important characteristics and peculiarities of the ego.[4]

I shall now give a brief account of some other important aspects of projection, which are of the greatest practical importance in the analysis of the ego. Here again we shall begin with dream phenomena. Projection can be most clearly recognized in the case of projected physical pain. A person has toothache and dreams that someone else is suffering from toothache—which very much distresses the dreamer. In a previous paper (1933), I reported the following dream of a melancholic patient. Her brother and a friend of his were simultaneously punished by slices of lemon being placed on their heads, which gave them very bad headaches. This caused the dreamer much mental suffering. In reality it was she who had a bad headache. Incidentally, projection in dreams is very often upon *two* men, particularly in women's dreams—a fact which I cannot account for.

How can we explain this phenomenon of projection and what are the reasons for it? In our case we may imagine that the dreamer was soothed by the projection of the pain on to another person, and that the dream said something of this sort to her: 'Go on sleeping quietly; it is not you who are feeling the pain, but the other person.' This projection, therefore, represents an attempt to ward off pain from the dream-ego. It is only a step to suppose that defence against stimuli which disturb sleep is something quite analogous to defence against stimuli which disturb the ego in the waking state. It is true that, in contrast to defensive mechanisms of the waking state, defensive mechanisms in dreams are not concerned with reality. So how do we explain metapsychologically the projection of physical sensations in dreams?

[4] Stimulated by my discussion with Dr. Bernhard which has been mentioned above, I examined the Jungian concepts of 'anima' and 'animus'. Since then in my practice I have been able to confirm the correctness of most of what he says upon the subject. In my papers quoted above I have approached some of the problems in this field of phenomena quite independently of Jung, whose psychology was quite unknown to me at the time. Jung has explored this region much more thoroughly and extensively.

I am of opinion that the bodily ego-frontier is withdrawn in the sleeping state (Federn), so that the painful place comes to be outside the ego-frontier and the stimulus meets the dream-ego from outside. Now it will be worth while to compare this mechanism with repression. In repression, the cathexes of the ego withdraw in the face of the advance of highly cathected (id-cathected) repressed ideas. In the event of the protective dam being broken through by the id-cathexes, the ego is subjected to an inundation. The efforts of the ego to avoid the painful sensations of flooding lead to the familiar phobic avoidances. In the case of projection, the stimuli which have been shut out are likewise situated outside the ego-frontier; but if they are too powerful they do not bring about an inundation of the ego, but confront it in the form of an object or awaken in the ego a fear, an impulse or a wish to meet the stimuli in a real object. By projection the ego is relieved and inundation prevented. Projection therefore must not be put on the same plane as repression, but rather with inundation, since it presupposes that something like repression has already occurred. The phenomenon of what has been shut out of the ego presenting itself to the ego as an object (whether as an imaginary or as a real object) is due in its turn to metapsychological factors which cannot be discussed here. In the waking state, projection can either (as in the case of psychoses) be accompanied by delusional ideas and hallucinations, in which case it does not differ from projection in dreams, or otherwise (as is much more frequently the case) projection manifests itself in the patient's choice of objects and in his relations to them and his reality-testing is unimpaired. In a psychotic it sometimes happens that his ego retains a projection that has occurred in a dream, instead of recognizing after waking up that the subject-matter in question is unreal (i.e. dreamt).

I will now illustrate the practical technical significance of projections in dreams by some examples.

A woman patient dreamt: 'I was in an old castle which was in need of being restored. In one of the rooms I saw a lot of people, but the only person I recognized was Mr. N. N.' I got her to associate to this man. He was a malicious and spiteful critic, was without any feelings of gratitude to his benefactors, and was always biting and inconsiderate. He had probably become like this as a result of the many slights which he had suffered during the course of his life. I then asked the patient whether she herself was perhaps occasionally spiteful in her criticism, whereupon she said to me: 'You're always suggesting the most extraordinary ideas to me. I've had enough of your interpretations and I often think that the analysis has actually done me harm, and I'm sorry I ever began it, etc. . . .' 'Good', said I, 'so the spiteful critic really is you yourself, as you're showing me at this very moment.' After this we were not only able to discuss her negative attitude to analysis, but also to analyse the character trait which was represented in the dream. In discussing the personality of the critic in the dream, we were at the same time analysing the ego of the patient: there was a strong parallel between the vicissitudes undergone by the two personalities.

Another woman patient dreamt: 'I was swimming in a pond when two nuns came towards me on the bank. One said to the other, pointing at me: "Look, what a horrible animal she's got on her chest!" I then noticed to my horror that a big leech had fastened on to my chest. With a gigantic effort I succeeded in pulling it away from my body, but I was then attacked from behind by an even larger and more disgusting animal. . . .' The nuns represented her own religious attitude, which she thought she had given up long before. Sexuality, the penis and whatever else the leech might signify, assumed such a revolting form (leaving out of account her projected *aggressive* components) because the whole sexual problem was viewed from the angle of a religious attitude which had not yet been overcome. If the percipient of these impulses in the dream had been another sort of person, they would have been represented by a different dream picture. The choice of the symbol was determined by her attitude towards nuns. The frantic struggle to remove the animal corresponded to the conscious suppression of the forbidden impulses (functional phenomenon), which however proved ineffectual, since the dreamer was then attacked from behind by an even more dangerous animal.

A male patient dreamt that we were conducting the session in the presence of another analyst (a woman). I asked him to describe her to me. She was a frivolous person, who only pretended to have understanding, etc. I now knew the attitude in which the patient had come to analysis and that naturally became the subject of conversation. I should like to point out in this connection that it is preferable, in a case of representation through projection, to get the patient to describe the characteristics and attitudes of the people in question rather than to associate freely to them.

It is very easy to see from patients' dreams whether and in what way they alter their attitudes, take up new ones, etc. It is to be seen in the people whom they choose to represent their attitudes and impulses, as well as in the dreamers' own behaviour towards them, according to whether they have arguments with them, repudiate them, agree with them, etc. All these details throw a clear light upon the unconscious attitudes of the ego.

Experience shows us that this procedure may be extended to an examination of patients' everyday contact with other people. Their close friendships, acquaintanceships and, above all, love relations,

enmities, etc. show in a projected form their ego's internal processes, attitudes, character traits, impulses, etc., all of which are mostly unconscious. The analyst should constantly get the patient to describe to him the characteristics of his associates.

In conclusion I shall say a little more about the sex and age of the objects on to which one projects in dreams. The fact that a man expresses his own attitudes, character traits, etc. by means of a woman, and *vice versâ*, should not lead us to conclude that there is a homosexual element in them. On the contrary, the more he projects the elements in him of the sex opposite to his own, the more of his own sex remains in his ego. It is true that one projects much more in dreams than in the waking state, since the ego-boundary shrinks during sleep. Characteristics, impulses, feelings, etc., which are not projected in waking life, appear in dreams projected on to other people, i.e. the dream chooses people suitable for the purpose. Nevertheless, the most normal and constant projection, —and it is maintained in the waking state as well— is undoubtedly the element in the subject of the sex opposite to his own. This projection, indeed, actually serves to stress a heterosexual choice of love object—a 'passage through the ego' of the mother-imago—and to lend to that choice certain special characteristics which I have already described elsewhere (1925). In dreams, the person representing the opposite sex in oneself also becomes the vehicle for the projective representation of characteristics which are seldom if ever projected in the waking state.

As to the age of the partners of the ego, as I may term these projective figures, every analyst can easily verify what I have to say. The age of the partner who is dreamt of seldom corresponds to any particular period of life in the patient's own past, but it usually denotes the exact age of the attitude, opinion, transformation, change, relationship, etc., which is represented by the person dreamt of. A woman patient dreamt that she herself was going to analyse a sixteen-year-old hysteric, who however was very rebellious. This age was not in any way related to the sixteenth year of the patient's life, but it indicated that the patient's illness was sixteen years old, i.e. had started sixteen years before, which was the case. A male patient who had been two months in analysis dreamt that a two-month-old child had died. A few days later he stopped the analysis. The child had been his analytical attitude, which had in fact died after two months. A woman dreamt that an eighteen-year-old youth was very badly ill; she had been married eighteen years and her marital relationship was in fact very bad.

I have done no more than indicate how we can make use in this way of the analysis of dreams for an understanding of the attitudes, characteristics, character traits, methods of defence and motives for defence of our analysands. There is a great deal more that could be said. In the same way, we ought to pay more attention to our patients' relations with people in real life, in order to reach a better understanding of their reactions and suppressed ego-attitudes. It is certain that far more projection occurs than one would have supposed.

To sum up. In relation to defensive mechanisms we must pay attention, among many other things about which much has already been said, to the depth of the defence, the specific dangers to which that defence applies, the stratification of the various methods of defence, and their relation to that part of the ego with which we are in direct contact and upon which we can have a direct influence. When in analysis we are dealing with the ego, we must above all pay attention in analysing dreams to the functional phenomenon and bear in mind our patients' relations with other people.

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NOTES ON THE UNCONSCIOUS SIGNIFICANCE OF PERFUME

By JOHN PRATT, London

Before any enquiry into the unconscious significance of the use of perfume it would seem desirable first to consider some quite general psychological attributes of odours, which may subjectively be classed as 'pleasant' and 'unpleasant', together with a few that are perhaps neutral. For example, there is general agreement that the odours of flowers are pleasant and those of a corpse unpleasant. But it is worthy of note that the Italian peasants find the smell of some

flowers unendurable, according to Norman Douglas (*Old Calabria*, 435), who also records that he has seen a man who professed to feel faint at the odour of crushed geranium leaves. (They were '*fiori di morti*': planted in graveyards.) And that the odour of a corpse is unpleasing to a necrophilist, is hardly to be supposed. It would seem probable that the affects aroused by odours are not invariable or absolute, but largely conditioned, if not wholly determined, by the states of emotion most associated with olfactory experiences, whether in infancy or later, and by attitudes arising out of social patterns. The above subjective description of odours is closely related to the conceptual 'good' and 'bad', in which latter terms they are very widely appreciated, and as such encountered in religious experience, ritual, and dogma (Jones, 1914).

The most evident function of the good or pleasant odour is to disguise or magically to combat the bad or unpleasant. Thus the sweet smelling Divine Ambrosia was, according to Homer, used by Apollo to preserve from putrefaction the body of Sarpedon: which property was in ancient times attributed to Myrrh, an aromatic in particular use among the Egyptians for the purpose of embalming corpses. And thus also did the more sensitive of the Elizabethans carry Pomanders to ward off the stench of sewage in their gutters. A bunch of flowers and herbs was carried in the hand as a prophylactic against the Plague and other maladies supposedly derived from evil vapours. Among the Banyankole (Frazer, 1933), when a ghost proved unusually obstreperous, a goat was tied to the head of the patient's bed during the night. In the morning the medicine man came singing and dancing and passed a bunch of sticks and herbs all round the house by way of sweeping all the evil influences together into one place. Next he killed the goat which was now supposed to contain the troublesome ghost. The custom of using scented cachous to perfume the breath, and that of some women who, not always consciously, use perfume only during their periods (Bryan, 1927), is essentially similar to those recorded above. As are perhaps also the inclusion of lavender with clean linen (a final exorcism), the use of a Pomander or of a Pot-pourri in a room (often by marked anal erotics), and the wholesale spraying of cinemas with perfume by some managements.

So therefore the first use of perfume that we shall note is that of concealing a natural bodily odour.[1] Now the natural odours of the body and of its products are in the first instance a source of interest—to 'scent' means also to discover—and of pleasure to the child; and only with the development of repression do they become 'unpleasant' or 'bad'. With this observation in mind we pass to a short survey of some of the active principles in both natural and synthetic perfumes: and note that the substances most sought after by perfumers during the middle ages were Ambergris, Musk and Civet, of which the two former are still extensively used in the modern synthetic product.

Ambergris, the true value of which lies in its excellent fixative properties, is found in nature as the product of intestinal decomposition in the Sperm-Whale: while Musk is derived from the preputial glands of the Musk-Deer, and Civet from the anal glands of the Civet-Cat. The odour of Civet is due to a quantitatively large proportion of two chemical bodies known as Indole and Skatole,[2] the identical substances to which human fæces owe their characteristic smell, and which in modern perfumery are accounted essential ingredients of the heavier perfumes. A number of the esters employed in synthetic perfumery are formates, butyrates, and propionates (as Geraniol formate, butyrate, propionate, and Cinnamyl formate, butyrate, propionate).

> 'As the sweet sweat of Roses in a Still,
> As that which from chaf'd Muskats pores doth trill,
> And as th'Almighty Balme from th'early East,
> Such are the sweat drops on my Mistris breast . . .'
> John Donne, *Elegie* VIII.

The odour of human sweat is due to traces of formic, butyric, and propionic acids.[3] and the butyl derivatives of many aromatic hydrocarbons are sold as artificial musk.

The ketones which are used in synthetic perfumery are an occasional constituent of the urine: and paracresyl acetate, the penetrating odour of which is strongly suggestive of urine, has in extreme dilution a fragrance reminiscent of Narcissi (Poucher, 1936, I, 141). Dimethyhydroquinone and the more widely used Coumarin possess the property of smelling like 'new mown hay', a description used in medical textbooks to identify the odour of diabetic urine, particularly laden with ketones. Finally mention should be made of the oleo-resins, and of the aldehydes and esters which constitute for the most part more or less characteristic flower scents.

The widely distributed occurrence of the disguised odours of urine, sweat and fæces in the perfumes whose first function is to conceal the natural odours of the body is surprising only at first sight. For the common usage of the phrase 'to wear perfume' serves to illustrate that in this

[1] I have been informed that there is a very large market for the sale of perfume to the urban negro population in the U.S.A.

[2] Also to a ketone, Zibetone, and free acids, ethylamine and propylamine. (Parry, 1925.)

[3] I am not as convinced of the relation of the odours of formic and propionic acids to those of their respective esters as I am of the certain relation between that of butyric acid and the butyrates and butyl compounds.

phenomenon is found the ambivalence that Flugel (1930) has described of clothes, whose equal functions are unconsciously to reveal what consciously they aim to hide, thus bearing analogy with the dynamics of a neurotic symptom. Indeed the smell of paracresyl acetate is so strongly urinous that its use in synthetic Narcissus has been largely replaced by that of the chemically very closely allied paracresyl phenyl acetate! And how apt do we now perceive to be the unconscious irony of King Lear, who in the hour of his disillusion calls for an ounce of civet to sweeten his imagination.[4]

Another common verbal usage divides the synthetic perfumes into the 'heavier' and the 'lighter'. The heavier are those which tend to contain indole and skatole, are usually darker in colour, and so of fæcal type; while the lighter, whose more pungent odour more closely corresponds with that of urine (and with that of the ammonia liberated from urine on standing), are generally lighter in colour, often indeed 'amber',[5] a classical medical description of the colour of urine. The scale of weight in which the two types are described is, it may be suggested, derived from early infantile perceptions of the relative weights of fæces and urine. It is a matter of common observation that there is a marked tendency for brunettes to prefer the former and blondes the latter of these types. The inference would appear to be that the physical properties of blonde hair, as colour, 'glistening' high lights (vide shampoo advertisements) and, ideally, waviness, are all such as particularly to encourage the displacement thereto of urinary interests: and that similarly the brunette habitus favours those attached to the fæces, which in infantile phantasy contain 'more body', as are said to do the heavier perfumes. A phantasy not uncommonly encountered in analysis is that of the 'good' urine and the 'bad' fæces; and it may also be observed that a girl who relies on the appeal of innocence will use the lighter perfumes, as lavender, wild rose, and sweet pea: but she who is more experienced, gardenia, jasmine[6] or camellia. However, flowers so frequently symbolize the 'good' female genital that it is probably at this level that the use of their odours must also be interpreted. (Compare the many night names of perfumes, as 'Vol de Nuit', 'Nuits de Noël', 'Soir de Paris', etc.)

The word perfume is derived from the French '*parfumer*', itself derived from the Latin '*per-*' and '*fumare*', from the Latin noun '*fumus*', smoke. (Cf. Eng., 'fumes'; Fr., '*fumée*'.) It will be observed that the word is essentially connected with the largely visual concept of smoke, a relation that holds in several other languages. It may at once be noted that the smell of human skin exposed to sunlight for any length of time has a distinctly 'smoky' odour, and that among the earlier experiences of smokes are those in cold air of the breath, urine, sweat and fæces of both humans and animals. In view of the excretory interests already outlined, the fact that perfume itself does not give off a visible vapour would seem to lend force to the suggestion that phantasies about the smokes of the body and of its products may find expression in the adult use of perfume. And to these phantasies must be added another very important class, those about the flatus, which may be responsible for the fact that the excessive use of perfume is thought of as 'aggressive'. But over-scenting is also considered 'immodest', a notion doubtless originating in an unconscious apprehension of the exhibitionism sometimes determining this particular trait.

That the heavier perfumes are often described as 'tropical' would seem to afford indications of infantile perceptions of the heat of the excreta, of inferences about their smokes, and of phantasies about the intestinal furnace and the flatus: for truly there is no smoke without a fire. And it is worth remarking that it is mostly in cold weather, when the relative warmth of the body is more evident, that the breath or the excreta visibly smoke. A number of the phantasies arising primarily round the flatus are displaced upwards on to the breath, and the analysis of patients who complain of an excessive aversion to 'bad' breath reveals repressed anal erotism. It was formerly believed in Rome that the breath of pæderasts stank, and the pæderastic act was in Sparta popularly designated 'to breathe upon'. (Jones, 1914.) At the present day male homosexuals use perfume fairly extensively, and in ancient Greece perfumers' shops were known as meeting places for male homosexuals and sometimes used as male brothels.

Whereas a man ordinarily uses perfume only 'on' his hair, a woman, in addition to putting it 'in' her hair, will put it behind her ears, between her breasts, on her wrists and sometimes also on her clothes, a distribution that reflects the greater diffusion of feminine narcissistic libido as compared with the more specific localization in the male. And that perfume is distributed exactly as the infantile narcissistic libido (the genital being symbolized by the hair in both sexes) is only to be expected. It is not uncommon to hear of a woman who desires a perfume specially blended for her (a 'model', so to speak), which is expressive of her 'personality', of the ego narcissistically loved. It

[4] Shakespeare, *King Lear*, IV, vi. Ironical, too, in that civet which 'perfumes the courtier's hands' would seem to have Shakespearean overtones of the hypocrisy in which Lear has believed to his ruin.

[5] Compare Milton, *Samson Agonistes*, line 720: 'an amber scent of odorous perfume.'

[6] The liquid otto of jasmine, a flower used in Hindu religious ritual, contains as much as 2½% of indole. (Hesse and Muller, quoted by Poucher, 1936, II, 146.)

is of some interest to note that the odour of the Narcissus is in part due to Indole (Poucher, 1936, II, 176–7); and that urinary interests may readily be attached to this flower is suggested by the properties of paracresyl acetate. So that at the olfactory excretory level the Narcissus would appear to be an eminently suitable symbol for the legend attached to it.

Now the primary aim of adult narcissism is to be loved, and that this aim is amply subserved by the use of perfumes is shown by their fame in history as aphrodisiacs of great potency. The secret of perfumes was learnt by mortals through the indiscretion of one of Aphrodite's handmaidens, who imparted her knowledge to Paris; and I can remember a classicist observing that he had some sympathy for Helen of Troy's preference for the perfumed Paris over her husband Menelaus, who doubtless came home reeking with the ammoniacal odour of the stables (*sic*). The idea of indiscretion is implicitly that of a relaxation of control and at the excretory level relates to the sphincters, whose relaxation is ordinarily associated with the perception of odours. (Compare many names of perfumes, such as 'Indiscretion', 'Imprudence', 'Vacances', 'Escapade', 'Shocking', etc.) In any case it is difficult to imagine an unperfumed '*femme fatale*', and the aphrodisiac properties of perfume were extolled by many authors of antiquity, as Petrus Castellus in his treatise *De Hyœna Odorifera*, quoted by Norman Douglas (*Paneros*, 25):

> 'Ut autem avidius uterus semen suscipiat, aiunt Zebethum glandi illitum in coitu voluptatem mulieri adaugere, unde alacrius semen admittit.'

['To make the uterus more greedy for semen, they say that civet smeared on the glans penis will increase the woman's pleasure during coitus, whence it (i.e. the uterus) will more readily receive the semen.']

And again:

> 'Cui causavit tantum appetitum coeundi, quod quasi continue volebat marito suo copulari. Et nota, quod si vir, quando vult uti cum muliere, ponat in summitate virgae de dicto Zibeth, et subito utatur, causebat in ea maximam delectionem.'

['Which will cause so much desire for coitus that she will almost continually wish to make love with her husband. And in particular, if a man wishes to go with a woman, if he shall place on the tip of his penis of this same civet and unexpectedly use it, he will arouse in her the greatest pleasure.']

That the natural odours of the body are aphrodisiac for many is well known and exemplified by the passionate love for Marie de Clève that seized the Duc d'Anjou, later Henri III of France, when he used her discarded sweaty chemise with which to wipe his brow. In the Tyrol, the young men while dancing will place a handkerchief in their armpits and produce it afterwards under the nose of the girl they admire in order to excite her sexually.

But in more highly sophisticated society the handkerchief is perfumed.

The idea of action at a distance, a property of flatus (Jones, 1914), is certainly encountered in the use of perfume. The 'mysterious' perfume that sets all men thronging round the woman who uses it is a familiar feature of modern advertising and seems to be an attempt to capitalize the widely spread knowledge of the pilgrimages from far away of dogs towards a bitch on heat.[7] Action at a distance is a frequent quality of the mechanism of magic, as is the power of influencing another by means of his excreta, nail-parings, etc. Semen and urine were frequent ingredients of love philtres, so that it is not surprising that magical ideas may be associated with the use of perfume. The indrawn breath that accompanies the perception of odours, themselves experienced 'inside' the body, together with the biological fusion of the senses of taste and smell, combine to favour the phantasy of the incorporation of the object by means of its odour, and thus to enhance the magically aphrodisiac properties of perfumes. And the habit of many people who shut their eyes when deeply smelling a 'good' odour is, I would think, directed towards the furtherance of an incorporation phantasy by the deliberate exclusion of the visual perception of the object. It is suggested that this phantasy is in part responsible for an excessive aversion to 'bad' odours, and for the particularly nostalgic quality of memories aroused by odours, as by the perfume of a former love.

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[7] Cf. Freud's remarks (1929) on the relation between the adoption of the erect posture by man and the diminution of the importance of olfactory stimuli to the sexual process.

UNTRANSLATED FREUD

[EDITORIAL NOTE: *Under this heading we are publishing selections from Freud's writings which, so far as we can discover, have not yet appeared in English.*]

(5) ON TRANSIENCE (1915) [1]

Not long ago I went on a summer walk through a smiling countryside in the company of a taciturn friend and of a young but already famous poet. The poet admired the beauty of the scene around us but felt no joy in it. He was disturbed by the thought that all this beauty was fated to extinction, that it would vanish with the winter, like all human beauty and all the beauty and splendour that men have created or may create. All that he would else have loved and admired seemed to him to be shorn of its worth by the transience which was its doom.

The proneness to decay of all that is beautiful and perfect can, as we know, give rise to two different impulses in the mind. The one leads to the aching despondency felt by the young poet, while the other leads to rebellion against the fact asserted. No! it is impossible that all this loveliness of Nature and Art, of the world of our sensations and of the world without, will really fade away into nothing. It would be too senseless and too presumptuous to believe it. Somehow or other this loveliness must be able to persist and to escape all the powers of destruction.

But this demand for immortality is a product of our wishes too unmistakable to lay claim to reality: what is painful may none the less be true. I could not see my way to dispute the transience of all things, nor could I insist upon an exception in favour of what is beautiful and perfect. But I did dispute the pessimistic poet's view that the transience of what is beautiful involves any loss in its worth.

On the contrary, an increase! Transience value is scarcity value in time. Limitation in the possibility of an enjoyment raises the value of the enjoyment. It was incomprehensible, I declared, that the thought of the transience of beauty should interfere with our joy in it. As regards the beauty of Nature, each time it is destroyed by winter it comes again next year, so that in relation to the length of our lives it can in fact be regarded as eternal. The beauty of the human form and face vanish for ever in the course of our own lives, but their evanescence only lends them a fresh charm. A flower that blossoms only for a single night does not seem to us on that account less lovely. Nor can I understand any better why the beauty and perfection of a work of art or of an intellectual achievement should lose its worth because of its temporal limitation. A time may indeed come when the pictures and statues which we admire to-day will crumble to dust, or a race of men may follow us who no longer understand the works of our poets and thinkers, or a geological epoch may even arrive when all animate life upon the earth ceases; but since the value of all this beauty and perfection is determined only by its significance for our own emotional lives, it has no need to survive us and is therefore independent of absolute duration.

These considerations appeared to me incontestible; but I noticed that I had made no impression either upon the poet or upon my friend. My failure led me to infer that some powerful emotional factor was at work which was disturbing their judgement, and I believed later that I had discovered what it was. What spoilt their enjoyment of beauty must have been a revolt in their minds against mourning. The idea that all this beauty was transient was giving these two sensitive minds a foretaste of mourning over its decease; and, since the mind instinctively recoils from everything that is painful, they felt their enjoyment of beauty interfered with by thoughts of its transience.

Mourning over the loss of something that we have loved or admired seems so natural to the layman that he regards it as self-evident. But to psychologists mourning is a great riddle, one of those phenomena which cannot themselves be explained but to which other obscurities can be traced back. We possess, as it seems, a certain amount of capacity for love—what we call libido—which in the earliest stages of development is directed towards our own ego. Later, though still at a very early time, this libido is diverted from the ego on to objects, which are thus in a sense taken into our ego. If the objects are destroyed or if they are lost to us, our capacity for love (our libido) is once more liberated; and it can then either take other objects instead or can temporarily return to the ego. But why it is that this detachment of libido from its objects should be such a painful process is a mystery to us and we have not hitherto been able to frame any hypothesis to account for it. We only see that libido clings to its objects and will not renounce those that are lost even when a substitute lies ready to hand. Such then is mourning.

My conversation with the poet took place in the summer before the War. A year later the War broke out and robbed the world of its beauties. It

[1] ['Vergänglichkeit' was written in November, 1915, at the request of the Berlin Goethebund, as a contribution to a volume of collected essays by various writers to raise a fund for establishing public libraries in East Prussia. The volume was published in 1916 under the title of *Das Land Goethes*. The present essay was reprinted in Freud's *Gesammelte Schriften*, XI, 291–294.—ED.]

destroyed not only the beauty of the countrysides through which it passed and the works of art which it met with on its path but it also shattered our pride in the achievements of our civilization, our admiration for many philosophers and artists and our hopes of a final triumph over the differences between nations and races. It tarnished the lofty impartiality of our science, it revealed our instincts in all their nakedness and let loose the evil spirits within us which we thought had been tamed for ever by centuries of continuous education by the noblest minds. It made our country small again and made the rest of the world far remote. It robbed us of very much that we had loved, and showed us how ephemeral was much that we had regarded as immutable.

We cannot be surprised that our libido, thus bereft of so many of its objects, has clung with all the greater intensity to what is left to us, that our love of our country, our affection for those nearest us and our pride in what is common to us have become suddenly more intense. But have those other possessions, which we have now lost, really ceased to have any worth for us because they have proved so perishable and so unresistant ? To many of us this seems to be so, but once more wrongly, in my view. I believe that those who think thus and seem ready to make a permanent renunciation because what was precious has proved not to be lasting, are simply in a state of mourning for what is lost. Mourning, as we know, however painful it may be, comes to a spontaneous end. When it has renounced everything that has been lost, then it has consumed itself, and our libido is once more free (in so far as we are still young and active) to replace the lost objects by fresh ones equally or still more precious. It is to be hoped that the same will be true of the losses caused by this War. When once the mourning is over, it will be found that our high estimate of the riches of civilization has lost nothing from our discovery of their fragility. We shall build up again all that the War has destroyed, and perhaps on firmer ground and more lasting than before.

(6) MY CONTACT WITH JOSEF POPPER-LYNKEUS (1932) [1]

It was in the winter of 1899 that my book on the *Interpretation of Dreams* (though its title-page was post-dated into the new century) at length lay before me. This work was the product of the labours of four or five years and its origin was unusual. Holding a lectureship in Nervous Diseases at the University, I had attempted to support myself and my rapidly increasing family by a medical practice among the so-called ' neurotics ' of whom there were only too many in our society. But the task proved harder than I had expected. The ordinary methods of treatment clearly offered little or no help : other paths must be followed. And how was it remotely possible to give patients any help when one understood nothing of their illness, nothing of the causes of their sufferings or of the meaning of their complaints ? So I eagerly sought direction and instruction from Charcot, the master, in Paris and from Bernheim at Nancy ; finally, an observation made by my teacher and friend, Josef Breuer of Vienna, seemed to open a new prospect for understanding and therapeutic success.

For these new experiments made it a certainty that the patients whom we described as neurotic were in some sense suffering from *mental* disturbances and ought therefore to be treated by psychological methods. Our interest therefore necessarily turned to psychology. The psychology which ruled at that time in the academic schools of philosophy had very little to offer and nothing at all for our purposes : we had to discover afresh both our methods and the theoretical hypotheses behind them. So I worked in this direction, first in collaboration with Breuer and afterwards independently of him. Finally I hit upon the technical device of requiring my patients to tell me without criticism whatever occurred to their minds, even if they were ideas which did not seem to make sense or which it was painful to report.

When they fell in with my instructions they told me amongst other things their dreams, as though they were of the same kind as their other thoughts. This was a plain hint that I should assign as much importance to these dreams as to other intelligible phenomena. They, however, were *not* intelligible but strange, confused, absurd—like dreams, in fact, which, for that very reason, were condemned by science as random and senseless jerkings of the mental organ. If my patients were right—and they seemed only to be repeating the ancient beliefs held by unscientific men for thousands of years—I was faced by the task of ' interpreting dreams ' in a way that could stand up against scientific criticism.

To begin with I naturally understood no more about my patients' dreams than the dreamers did themselves. But by applying to these dreams, and more particularly to my own dreams, the procedure which I had already used for the study of other abnormal psychological structures, I succeeded in answering most of the questions which could be raised by an interpretation of dreams. There were many such questions : What do we dream about ? Why do we dream at all ? What is the origin of all the strange peculiarities which distinguish dreams

[1] [' Meine Berührung mit Josef Popper-Lynkeus ' was first published on the occasion of the tenth anniversary of Popper's death in a memorial number of *Allgemeine Nährpflicht*, **15** (1932). It was reprinted in Freud's *Gesammelte Schriften*, XII, 415–420.—Ed.]

from waking life ?—and many more such questions besides. Some of the answers were easily given and turned out to confirm views that had already been put forward ; but others involved completely new hypotheses with regard to the structure and functioning of the apparatus of the mind. People dream about the things that have engaged their minds during the waking day. People dream in order to quiet impulses that seek to disturb sleep, and in order to be able to sleep on. But why should the dream seem so strange, so confusedly senseless, so obviously contrasted with the content of waking thought, in spite of being concerned with the same material ? There could be no doubt that the dream was only a substitute for a rational process of thought and could be interpreted, that is to say, translated into a rational process. But what needed explaining was the fact of the distortion which the work of dreaming had carried out upon the rational and intelligible material.

Dream-distortion was the profoundest and most difficult problem of dream life. And in order to elucidate it we reached the conclusions that follow, which placed the dream in a class along with other psycho-pathological formations and revealed it, as it were, as the normal psychosis of mankind. Our mind, that precious instrument by whose means we maintain ourselves alive, is no peacefully self-contained unity. It is rather to be compared with a modern state in which a mob, eager for enjoyment and destruction, has to be held down forcibly by a prudent superior class. The whole flux of our mental life and everything that finds expression in our thoughts are derivations and representatives of the multifarious instincts that are innate in our physical constitution. But these instincts are not all equally susceptible to direction and education, or equally ready to fall in with the demands of the external world and of human society. Many of them have retained their primitive, ungovernable nature ; if we let them have their way, they would infallibly bring us to ruin. Consequently, made wise by painful experience, we have developed organizations in our mind which, in the form of inhibitions, set themselves up against the direct manifestations of the instincts. Every impulse in the nature of a wish, that arises from the sources of instinctual energy, must submit itself to examination by the highest functions of our mind, and, if it is not approved, is rejected and restrained from exercising any influence upon our motility, that is, from coming into execution. Often enough, indeed, such wishes are even forbidden to enter consciousness, which is habitually unaware even of the existence of the dangerous instinctual sources. We then regard these impulses as being *repressed* from the point of view of consciousness, and as surviving only in the unconscious. If what is repressed contrives somehow to force its way into consciousness or into motility or into both, we are no longer normal : at that point the whole range of neurotic and psychotic symptoms arise. The maintenance of the necessary inhibitions and repressions imposes upon our mind a great expenditure of energy, from which it is glad to be relieved. A good opportunity for this seems to be offered at night by the state of sleep, since sleep involves a cessation of our motor functions. The situation seems safe, and the severity of our internal police-force may therefore be relaxed. It is not entirely withdrawn, since one cannot be certain : it may be that the unconscious never sleeps at all. And now the reduction of the pressure upon it produces its effect. From the repressed unconscious, wishes arise which during sleep would at all events find the entrance to consciousness open. If we were to know them we should be appalled, alike by their subject-matter, their immense extent and indeed the mere possibility of their existence. This however occurs but seldom, and when it does we awake as speedily as may be, overcome by fear. But as a rule our consciousness does not experience the dream as it really was. It is true that the inhibitory forces (the dream censorship, as we may call them) are not completely awake, but neither are they wholly asleep. They have had an influence on the dream while it was struggling to find an expression in words and pictures, they have got rid of what was most objectionable, they have altered other parts of it till they are unrecognizable, they have severed real connections while introducing false ones, until the honest but brutal phantasy of a wish fulfilled which lay behind the dream has turned into the manifest dream as we remember it—more or less confused and almost always strange and incomprehensible. Thus the dream (or the distortion which characterizes it) is the expression of a compromise, the evidence of a conflict between the mutually incompatible impulses and strivings of our mental life. And do not let us forget that the same process, the same interplay of forces, which explains the dreams of a normal sleeper, gives us the key to understanding all the phenomena of neurosis and psychosis.

I must apologize if I have hitherto talked so much about myself and my work upon the problems of the dream ; but it was a necessary preliminary to what follows. My explanation of dream-distortion seemed to me new : I had nowhere found anything like it. Years later (I can no longer remember when) I came across Josef Popper-Lynkeus' book *Die Phantasien eines Realisten.*[2]

[2] [Josef Popper (1838–1921) was a well-known Austrian writer, chiefly upon sociological questions. *Phantasien eines Realisten*, a collection of short imaginative sketches, was first published, like Freud's *Traumdeutung*, in 1899, under the pseudonym of 'Lynkeus'. It has passed through many editions, the twenty-first having appeared in 1921. An account of Popper's schemes of social reform will be found in a book by Wittels which has been translated under the title *An End to Poverty* (Allen & Unwin, 1925). This also contains a short biography of Popper himself by the translators, Eden and Cedar Paul.—ED.]

One of the stories contained in it bore the title of 'Träumen wie Wachen' ['Dreaming is like Waking'], and it could not fail to arouse my deepest interest. There was a description in it of a man who could boast that he had never dreamt anything senseless. His dreams might be fantastic, like fairy tales, but they were not enough out of harmony with the waking world for it to be possible to say definitely that 'they were impossible or absurd in themselves'. Translated into my manner of speech this meant that in the case of this man no dream-distortion occurred; and the reason produced for its absence put one at the same time in possession of the reason for its occurrence. Popper allowed the man complete insight into the reasons for his peculiarity. He made him say: 'Order and harmony reign both in my thoughts and in my feelings, nor do the two struggle with each other. . . . I am one and undivided. Other people are divided and their two parts—waking and dreaming—are almost perpetually at war with each other.' And again, on the question of the interpretation of dreams: 'That is certainly no easy task; but with a little attention on the part of the dreamer himself it should no doubt always succeed.—You ask why it is that for the most part it does *not* succeed? In you other people there seems always to be something that lies concealed in your dreams, something unchaste in a curious way, a certain secret quality in your being which it is hard to express. And that is why your dreams so often seem to be without meaning or even to be nonsense. But in the deepest sense this is not in the least so; indeed, it cannot be so at all—for it is always the same man, whether he is awake or dreaming.'[3].

Now, if we leave psychological terminology out of account, this was the very same explanation of dream-distortion that I had arrived at from my study of dreams. Distortion was a compromise, something in its very nature disingenuous, the product of a conflict between thought and feeling, or, as I had put it, between what is conscious and what is repressed. Where a conflict of this kind was not present and repression was unnecessary, dreams could not be strange or senseless. The man who dreamed in a way no different from that in which he thought while awake was granted by Popper the very condition of internal harmony which, as a social reformer, he aimed at producing in the body politic. And if Science informs us that such a man, wholly without evil and falseness and devoid of all repressions, does not exist and could not survive, yet we may guess that, so far as an approximation to this ideal is possible, it had found its realization in the person of Popper himself.[4]

Overwhelmed by meeting with such wisdom, I began to read all his works—his books on Voltaire, on Religion, on War, on the State Provision of Subsistence, etc.—till there was built up clearly before my eyes a picture of this simple-minded, great man, who was a thinker and a critic and at the same time a kindly humanitarian and reformer. I reflected much over the rights of the individual which he advocated and to which I should gladly have added my support had I not been restrained by the thought that neither the processes of Nature nor the aims of human society quite justified such claims. A special feeling of sympathy drew me to him, since he too had clearly had painful experience of the bitterness of the life of a Jew and of the hollowness of the ideals of present-day civilization. Yet I never saw him in the flesh. He knew of me through common acquaintances, and I once had occasion to answer a letter from him in which he asked for some piece of information. But I never sought him out. My innovations in psychology had estranged me from my contemporaries, and especially from the older among them: often enough when I approached some man whom I had honoured from a distance, I found myself repelled, as it were, by his lack of understanding for what had become my whole life to me. And after all Josef Popper had been a physicist: he had been a friend of Ernst Mach. I was anxious that the happy impression of our agreement upon the problem of dream-distortion should not be spoilt. So it came about that I put off calling upon him till it was too late and I could now only salute his bust in the gardens in front of our Rathaus.

ABSTRACTS

General

Tore Ekman. 'Phänomenologisches und Psychoanalytisches zum Problem des Mitleids.' ('Phenomenological and Psycho-Analytical Aspects of the Problem of Sympathy.') *Internationale Zeitschrift für Psychoanalyse und Imago*, 1941, Bd. XXVI, Heft 3/4, S. 275–285.

The phenomenological approach to mental states consists of a very accurate, detailed and exhaustive description and classification of them and thus provides a rich field of material for psycho-analytical investigation, which is chiefly concerned with their causation and dynamics.

Among such states that of sympathy has been

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[3] [The passage is quoted more fully in *The Interpretation of Dreams* (Revised Translation, 1932), 295–6, footnote. —Ed.]

[4] [Another short paper of Freud's on the same subject written some ten years earlier ('Josef Popper-Lynkeus und die Theorie des Traumes', 1923, *Gesammelte Schriften*, XI, 295–7) ends with the words: 'I believe that what enabled *me* to discover the cause of dream-distortion was my moral courage. In the case of Popper it was the purity, love of truth and moral serenity of his nature'—the epithets which he himself applied to the man in his story. —Ed.]

very fully dealt with by Scheler. He distinguishes between (1) sharing a grief in common with another person, as when both parents mourn equally the loss of their child, (2) taking part in another person's grief in the sense of feeling compassion for him and (3) feeling another person's grief through direct emotional contagion. He thinks that feeling sympathy in the first two senses immunizes the subject from feeling it in the third sense of emotional contagion, since they pre-suppose that he has retained his existence as a separate individual. For Scheler regards the feeling of oneness (or identification) with another person as the basis rather than the consequence of such a contagion. But this does not apply to pseudo-sympathy, which often involves an identification with the other person's grief in order to accentuate the subject's own sufferings. Some phenomenologists however, think that sympathy is felt by means of identification.

Psycho-analysts take wider views and ascribe it not only to identification but to a reaction to sadism and even to an endeavour to get rid of an identification. Various psycho-analytical attempts to trace the origin of the feeling are open to criticism; but the best account has been given by Jekels, who divides sympathy into two kinds—one felt through identification and the other through objectification—and who describes the steps by which the second kind is arrived at as a process of getting rid, by projection and identification with the super-ego, of the primary emotional contagion from the object of sympathy (or identification with him), which is based upon masochism and a sense of guilt. A. S.

Imre Hermann. 'Anklammerung, Feuer und Schamgefühl.' ('Clinging, Fire and the Feeling of Shame.') *Internationale Zeitschrift für Psychoanalyse und Imago*, 1941, Bd. XXVI, Heft 3/4, S. 252–274.

The author begins by recalling his theory of the clinging syndrome as being made up of a pair of opposite instincts (the instinct to cling to the old object and the instinct to go in search of a new one) and of two equally opposite defensive or reactive tendencies (the tendency to separate from the old object, as a reaction to the clinging instinct, and the tendency to keep to it, as a reaction to the seeking instinct). But he finds that the perfect symmetry of this four-fold syndrome is not quite complete in one respect. For the instinct to go in search is found, as a fact of psycho-analytical observation, to be regularly accompanied by a desire to hide oneself. This desire is the true development of the instinct to seek and thus enters into and enlarges the syndrome; whereas the tendency to hold on to is only a regression to the original instinct to cling. The tendency to hide represents a modification by projection of the instinct to seek—i.e. the subject, instead of wanting to seek, feels that he is being sought and must therefore hide himself. The original persecutor from which the subject is hiding is, phylogenetically speaking, his father; for his father is the person who first took him away, as an infant, from the mother to whom he clung. This is why the theme of the stolen child is so universal in myth and individual phantasy. This tendency is also expressed in the oldest occupations, like hunting and fishing, in which the pursuer conceals himself from his prey. And it is seen in children's games of hide and seek and of hiding and finding objects.

In the author's view, the child's desire to steal things from its mother is due not so much, as Melanie Klein maintains, to its wish to get back from her the penis which she has taken from its father, as to a feeling that when it was parted from its mother it was robbed of the gratification of its clinging instinct, and to a consequent desire to recover that gratification.

The author goes on to discuss the relation of clinging phenomena to the ego and super-ego. As regards the ego, the urge to cling represents a regression of the individual to an earlier stage in which the ego was not as yet differentiated from the id; the ego clings on to the id as the child clung on to its mother, especially in times of danger. The urge is manifested in sleep, in anxiety and in certain connections of thought, such as 'or' and 'if—then'. This duality of thought represents the dual unity formed by the mother with her child clinging to her. The urge to go in search is manifested in the various functions of external perception and in thought-processes of the experimental kind. The reactive tendency of separating is represented by a fleeing from danger, and, in ideation, by abstract forms of thought; whereas that of keeping to is represented by the adherence to old ways. The hiding tendencies are manifested in a fear of sleep and in repression.

As regards the super-ego, the clinging instinct, in virtue of its strong aggressive colouring, probably accounts for the severity of that institution; it is certainly reflected in the mutual dependence of the ego and the super-ego. The seeking instinct is seen in the ego-ideal. The tendency to separate comes out in the castration motif and the tendency to hide, in scotomization.

A. S.

Clinical

C. P. Oberndorf. 'Erroneous Recognition (Fausse Reconnaissance).' *Psychiatric Quarterly*, 1941, Vol. XV, No. 2, p. 316.

The author groups under this term minor distortions of reality perception and the feeling of estrangement called *fausse reconnaissance*. Erroneous recognition as used in this article refers to pathological experiences of the above nature recognized as such by the patient but occurring in an unclouded sensorium. The phenomenon of

erroneous recognition is always accompanied by an affect which is disconcerting, unpleasant and sometimes ominously warning of some impending danger.

The author then quotes several examples from psycho-analysed patients which illustrate his theory of the dynamics of the phenomenon—namely, that *déjà vu* is primarily a disturbance of reality perception and the reaction to it serves to reassure the patient against this insecurity, by divesting, through an estrangement affect, the recurrent circumstances of the impact of a new reality. It constitutes a defensive reaction against future danger or unpleasantness, as well as against the anxiety associated with the memory of an undefined unsolved experience. It further serves to reassure the individual that he is not venturing into an entirely new field, with which there is an unconscious association of uncertainty and failure. He appreciates that the situation is not too greatly fraught with danger in the immediate future, since he has been in it, heard it, smelled it before and has survived.

Author's Abstract.

Children

Augusta Alpert. 'Education as Therapy.' *Psychoanalytic Quarterly*, 1941, Vol. X, No. 3, pp. 445–467.

Educational group therapy utilizes group discussion as a therapeutic instrument. This form of treatment showed excellent results with six pre-kindergarten thumb-suckers; the author repeated the experiment with a similar group of progressive school children whose symptoms were of an anal character. Use of the toilet had become a social event and scatological language flourished persistently. With co-operation between the teacher and the author, the experiment was successful. More than the removal of the symptom was accomplished—the children were freed of guilt and anxiety through abreaction of the symptoms in play. Much of the article consists of the direct discourse between the teacher and the pupils.

Walter Briehl.

Caroline B. Zachry. 'The Influence of Psychoanalysis in Education.' *Psychoanalytic Quarterly*, 1941, Vol. X, No. 3, pp. 431–444.

A few of the items discussed are: educational methods in the traditional school and in the progressive school; elucidation of the ambivalent attitudes of administrators and educators to psycho-analytic principles in education; special problems of the psycho-analytically oriented school; the effectiveness of the nursery school in stimulating attention to the rôle of the unconscious in the process of growth.

The author's points of view are of particular importance to psycho-analysis as she has recently been appointed as Director of the Bureau of Child Guidance of the Board of Education of New York City.

Walter Briehl.

Editha Sterba. 'An Important Factor in Eating Disturbances of Childhood.' *Psychoanalytic Quarterly*, 1941, Vol. X, No. 3, pp. 365–372.

It is the author's opinion that, in the typical eating problems of children, instinctual qualities from other erotogenic zones are displaced to the oral region. Without analysis of such significant displaced material, therapeutic results are either defective or absent. The anal basis of eating disturbance in two girls, aged 8½ and 20 months respectively, is elucidated.

Walter Briehl.

Applied

E. Isaac-Edersheim. 'Messias, Golem, Ahasver. Drei mythische Gestalten des Judentums.' ('The Messiah, Golem and Ahasuerus. Three Mythical Figures of the Jews.') *Internationale Zeitschrift für Psychoanalyse und Imago*, Bd. 26, Heft 1, S. 50–80, Heft 2, S. 177–213 and Heft 3/4, S. 287–315.

The first part of this paper deals with the Messiah. It is largely devoted to showing the significance of sacrificial anointing as a symbol of receiving the spiritual power of the God, king or father who has been killed. For this purpose it draws its facts and arguments from such varied sources as Robertson Smith, Spencer and Gillen, Frazer, Róheim and Freud in his *Totem und Tabu*. It also shows that the Messiah stands for three things: the hero who kills his father, king or God; the person who suffers for the guilt of that act; and the slain God, king or father who has come to life again.

The second part of the paper is concerned with the Golem. He, also, is in some sense a 'Saviour'. But he is an incomplete being, made by a man at the behest of God to protect the Jews from their persecutors. The main legend dates from the seventeenth century, at a time when the Jews in Central Europe were being hard pressed, and concerns the Golem of Prague, who was created out of clay by the Rabbi Löw. This legend has earlier prototypes and many later elaborations, and, of course, many parallels in non-Jewish stories and myths. The Golem was partly a 'good' figure, who helped his creator against his enemies, and partly a 'bad' one—a sinister, dumb, soulless creature who was apt to run amok and work destruction with his terrific strength, and who had, in the end, to be destroyed himself.

Some attempts at a non-analytic interpretation of the Golem have been made, but they do not as a rule go deeper than the conscious view of him as symbolizing God's help to the Jews against their enemy in time of trouble. An analytic interpretation would stress the importance of the rôle played by the creator of the Golem, the Rabbi Löw himself. This act of creation represents man's

endeavour to usurp the place of God and form living beings as he does—i.e. it represents the child's wish to make children, like its father and mother. Such an underlying wish would account for the sense of sin which envelops the whole theme of the Golem.

The Golem-legend can be shown to occupy three levels of thought. The top level contains the accepted, conscious view of the Golem as a saviour of the Jews. The second level, not a conscious one, expresses man's desire to rebel against God and to create beings, just as God created him. The third level belongs to the deepest parts of the unconscious. Here, the Golem is actually God himself—partly as a result of a reversal of attributes, by which the Golem's unfinished, automatic and 'dead' state represents God's self-sufficient, all-knowing and immortal nature, and partly through man's inmost desire to debase God (i.e. his father) to a state far below himself.

The third part of the paper discusses the figure of Ahasuerus or the Wandering Jew. The story of the Wandering Jew first appeared in a book published in 1602. According to it, when Christ was carrying the Cross he leant to rest himself against the house of Ahasuerus; but Ahasuerus abused him and drove him away. As a punishment Christ condemned him to wander through the world till the Day of Judgement. After wandering for a hundred years Ahasuerus, who had repented, was allowed by God to live on as a witness of the sufferings of Christ and to help in the conversion of people to Christianity.

This book had a widespread success and was translated into almost every European language. Ahasuerus became a legendary figure, and, from the eighteenth century onward, as religious belief gave way to philosophic and literary interest, he took on many aspects, from the Flying Dutchman to Prometheus, the liberator of man and the victim of the spite of the gods. He is certainly also closely associated with Cain and Judas Iscariot.

Although the appeal of this legendary figure is profound and universal, no satisfactory elucidation of it has been made. No doubt the hatred of Christians for Jews is a constant factor; and the Reformation with its atmosphere of increased hatred, doubt and sense of guilt had an immediate effect in creating the story. But the legend has echoes far outside Jewry, and there is even a Buddhistic parallel to it.

Like the Messiah and the Golem, Ahasuerus is the projection of deeply repressed human desires. He represents the old God who has been driven out by the new God and returns to revenge himself, thus symbolizing the return of the repressed. He also represents the aspect of hatred and aggression in man's ambivalent attitude to his god which he feels as God's hatred and aggressiveness towards him. Within the field of the Jewish-Christian religion the more God became a Christian God, i.e. a God of love and mercy, the greater, naturally, would be the amount of repressed hatred that had to be projected on to this figure. Thus, to the Christian, Ahasuerus would stand for the harsh, vengeful God of the Hebrews who had been ousted by the milder god of Christianity, but who, by the law of Talion, was always threatening to return and dislodge his successful rival.

A. S.

BOOK REVIEWS

Germany Possessed. By H. G. Baynes. (Jonathan Cape, London, 1941. Pp. 305. Price, 16*s*.)

This is a book well worth reading. It is, however, hard to review it, because, following closely Jung's mode of thought, it is frequently couched in semi-mystical language the significance of which it is not easy to appreciate or even to comprehend. To clear the ground for this the author first repudiates the Freudian conception of the Unconscious, which he describes as 'a depository of personal refuse which accumulates from infancy onwards'.

The theme of the book is the relationship between Hitler's personality and the mental state of Germany in general. It is one that could not fail to interest even if handled by a less qualified writer than Dr. Baynes. He possesses a very considerable knowledge of Germany itself and has a mind fraught with the most recondite learning—a burden which he carries lightly and never obtrudes. Shortly put, his thesis is that Hitler has played to the Germans the part of a Shaman and that he is to be strictly correlated with a savage magician of this order. On the vexed question of Nazi versus German Dr. Baynes's opinion is that the Germans as a whole tend to have a mental polarity, possessing the capacities for both sentimental tenderness and brutish frenzy. The Nazi movement has of course drawn out and accentuated the latter of these, but it has not created it.

Dr. Baynes has a great deal to say about Hitler himself and here he bases himself mainly on Rauschning's records of conversations with him. All sources of information, however, are grist to the mill, including a lengthy astrological diagnosis which he appears to take quite seriously. He also accepts the gossipy legend, improbable in the highest degree as it is, about Hitler being the illegitimate son of a wealthy Viennese Jew who foisted him and his mother on the elderly Schickelgruber. When Hitler himself is supposed to have heard of this we are not told, but the story goes that when he was a grown man he once tried in

vain to gain admission to the reputed father's mansion in Vienna. From this distressing experience dates not only his bitter anti-semitism, but also the resentment that had burned in his heart since his infancy at being 'discarded' by his heartless father. Chronology is not, however, Dr. Baynes's strong point. When for instance he writes: 'By far the greater portion of the wealth and power of Austria was at that time in the hands of the Jews, and they were also guilty of an unfeeling ostentation of wealth and luxury while half Vienna was starving', he is actually speaking of 1913, though the date in his mind may have got confounded with 1923.

We may now select a few passages from the book to convey some idea of its quality. *A propos* of the German worship of the State Dr. Baynes has some interesting things to say about great collectivist schemes in general which he would distrust because they lure men to heady dreams of power. He rightly stresses here the ease with which men can delude themselves in the matter of their hidden aggressivity. 'I make an absolute distinction between a collectivist policy which *in its very conception* respects human individuality, and a collectivist ideology which regards the human factor as a mere detail of an organized political machine. Every reformer will assure you that he does not really agree with violence and tyranny, and that, as soon as his particular policy shall have won its way to power, he will grant freedom to the individual. But these reformers delude themselves. There is no way to freedom over the pass of tyranny. The essential interests of the individual cannot merely be taken for granted; they are the goal of the whole political process, and must remain the living centre of all political effort. The moment political belief is equated with absolute truth, then intolerance and persecution follow as night the day.'

To Dr. Baynes the fundamental evil of our time is 'alienation of one's original nature'. By this he means the obliteration of all human, or rather humane, attitudes of mind that he finds characteristic of Nazi education.

Dr. Baynes has much to say on what he terms 'the duality of the god-criminal'. He contrasts here the way in which Jesus showed how the opposites can be reconciled within the soul of men 'through the willing sacrifices of the deified superior function for the sake of the redemption of the whole. On the other hand, by identifying himself, and Germany, with both god and criminal, Hitler has confused all moral values, and reduced the god-value to his own primitive level.'

Like many writers, Dr. Baynes has been struck by the similarity of the isolated idea of superiority with both the Germans and the Jews. He thinks that this 'might well have been a major incentive in the Nazi persecution of the Jews, since within the precincts of a single national faith there cannot be two absolute deities, still less two Chosen Peoples.' 'In precisely the same way as a paranoiac weaves around himself the fantastic plot, which isolates him from his fellows, German statesmanship led the nation into the position of an isolated and hated people, surrounded by a ring of hostile and envious neighbours, an assumption for which, once again, an earlier parallel could be found in the Jewish attitude to the hostile world they themselves had created.' 'Fanatical belief is notoriously impervious to propaganda. The Germans will hate the Führer before they allow themselves to distrust him.'

Dr. Baynes draws an interesting distinction between the motives of desire and power respectively, or between what he terms desire-thought and thought-desire. He contrasts here the colonial policy of England and Germany respectively. 'Never, I believe, since the beginning of British expansion has a British force set out overseas motivated by a deliberate plan of conquest, even though it often effected a seizure of land to which we had no ethical claim. The difference of attitude rests upon the fact that, throughout the whole evolution of British power, desire has always led; whilst thought, in the shape of a plan, has somewhat reluctantly followed. . . . The German plan of conquest, on the other hand, starts from the opposite end of the scale. German longing does not seek out other lands in a questing spirit that is prepared to adapt to existing realities. A vast scheme of conquest is prepared in order to demonstrate to the whole world the terrifying nature of German power. Germany has no pity or consideration for the conquered peoples, because she cannot accept desire as her guide. Desire is a true servant of life. It enjoys what it finds and, therefore, seeks to preserve its quality. Whereas power, by imposing its arbitrary plan, always seeks to destroy genuine native character.'

The final passage in the book runs as follows: 'It remains for us to pick up the jewel which Hitler spurned. There is no such thing as a new truth. The New Order which the world awaits must surely be grounded upon a truth that is already tested and known. What Hitler intended with his National Socialism had in truth a mystical seed—that ancient fraternity among mankind which values human things first. The undying flame in the spirit of man is the light by which the true is known and the false rejected. When with a single voice we shout the word which will unite mankind in free brotherhood the walls of Jericho will surely fall.

'But even when the walls of the Nazi stronghold are down we shall not have achieved our final aim. At the moment we naturally think it enough to extirpate Hitlerism, root and branch, and to replace it by our own democratic philosophy. Before we shall have finished our task, however, something further will be demanded of us. The

Hitler problem will not let us go until we have assimilated that quality, or value, which gave Hitler his Messianic appeal. The savage warrior who is taught to eat the heart or brain of his slain enemy does something more than satisfy his aggressive instinct. In this ritual feast—as becomes truly manifest in the sacrament of Holy Communion—there is a deep core of primitive mysticism. In partaking of a ritual feast there is always the idea of assimilating the essential character of the victim. Primitive piety rests upon a profound sense of the inherent continuity of life. Nothing can come to an abrupt end. Essential quality, or spirit, survives. Hence, in overcoming an enemy, it behoves one to take over his best qualities. In doing so, continuity is preserved and one's own life enriched.

'If Hitlerism were wholly evil it could not be human, because nothing human is wholly evil. To be magnanimous in victory is one of Mr. Churchill's great qualities. But even more than that will be needed if we are to exorcize the evil spirit which possesses Germany. We must honour with a fair appraisal that living hope which inspired the workers throughout the length and breadth of Germany to give their faith to Hitler. He promised them production, and through production, prosperity. The humble but essential needs of human nature demand a new social covenant. This hope, which Hitler quickened, he betrayed. Our victory will be won on the spiritual field, when we have taken over Hitler's debt to mankind and given it full and generous realization. It may help to overcome a natural repugnance to the idea of eating Hitlerism when we understand that a psychical assimilation of the vanquished by the victor is an inevitable natural process. In that respect we cannot choose. But the very angels must surely hold their breath when it is being decided what part or aspect of Hitlerism shall be assimilated. The soul of modern man finds neither truth nor safety in deified conceptions of State, Empire or Nation. This negative realization is already evident in the widespread apathy of the German people. But a similar detachment might appear in this country if we do not invoke the essential human principle from which the hope of the German renascence originally sprang. The invisible church which already unites mankind with a secret longing is not based on power-politics, but upon the essential significance of man as the living vessel of God. In order to heal the world-sickness we do not need more and vaster machines, but a fuller flame of individual consciousness. When darkness covers the earth, the passionate individual flame provides the source of the new light.'

E. J.

The Traumatic Neuroses of War. By Abram Kardiner. (Psychosomatic Medicine Monographs, Vol. 1, Nos. 2 and 3.) (National Research Council, Washington, 1941. Pp. 258. Price, $3.00.)

It is to be hoped that analysts who are concerned with the investigation of 'war-neuroses' will take the trouble to read this book. At the least it will compel them to clarify their own ideas on the subject. This is the more necessary in war-time when, for one reason or another, psychological thinking, research and treatment all tend towards superficiality. No doubt the fact that war neuroses are associated with violent changes in social codes and conditions, to say nothing of unusually severe 'traumatic' experiences, diverts the psychologist's attention to behaviouristic manifestations and mental end-products. Added to which, the energies of a very small band of not too well equipped investigators are naturally taken up with the achievement of quick therapeutic results. However that may be, psychological researches carried out in wartime are uniformly mediocre.

By way of contrast, most of Dr. Kardiner's work was done on chronic cases observed after the last war (up to 1928) and the first part of his book is naturally concerned with their symptomatology. Few will take exception to his clinical summary, or to his emphasis on the fact that, however wide the clinical 'scatter', there is nevertheless a group of symptoms characteristic of the 'traumatic' reaction. Obviously the first problem in research is to identify the mental processes responsible for these syndromes and, if possible, to distinguish them from the symptom formations of the psychoneuroses, the psychoses, psychopathic disturbances of character and abnormal social reactions. As a first step in this direction Dr. Kardiner proceeds to an analysis of the symptomatology. His main concern is with the processes of adaptation. A traumatic neurosis he regards as a special type of adaptation, suddenly initiated after a traumatic experience that has given rise to a diminution of ego resources or a 'contraction of the ego', in particular of 'that portion of the ego which normally helps to carry out certain organized aggressive functions of perception'. These become protectively inhibited. The author then proceeds to the theoretical part of his exposition and begins by practically discarding the concept of instinct (which he admits was of considerable utility in explaining the transference neuroses) in favour of the 'action syndrome', in other words, integrations of activity towards the outer world. Adaptation is thus 'a series of manœuvres in response to changes in the external environment, or to changes within the organism, which compel some activity in the outer world to the end of continuing existence, to remaining intact and free from harm, and to maintaining controlled contact with it.' He then describes the morphological vicissitudes the ego undergoes in terms of these action syndromes. No specific instincts can be

identified in the traumatic neurosis nor any instinctual goal but ' we do recognize the goal of mastery '. Once ego contractions are established, changes occur in effective adaptation (particularly sensori-motor), in the conception of the self, in perception of the outer world, in automatic activities and in dreams. Some of the manifestations of the traumatic neuroses are regressive, others are due to attempts at restitution of function, particularly of the body-ego.

It is of course impossible to summarize the author's argument within the scope of a review, but his use of ' action syndrome ' as an ' operational concept ' in place of ' instinct ' and the frequently forced distinctions he draws between the mental mechanisms of the ' traumatic neuroses ' and those of the ' transference neuroses ' suggest that Dr. Kardiner is under the impression he has evolved a new and (from the point of view of war neuroses at least) essential approach to mental pathology. Indeed it would almost appear as if he had forgotten all that Freud ever wrote about metapsychology. No one ever pretended, Freud least of all, that psychic end-products can be adequately explained by an exclusive use of dynamic concepts. And Freud was the first to admit that the ' ego ' bristles with topographical and economic as well as with dynamic problems. But even if, for the sake of argument, one were to limit oneself to Freud's formulations regarding instinct, it would be possible (indeed it has been possible) to throw more light on war neuroses than Dr. Kardiner does by his array of ' physio-neurotic ' concepts. An adaptation to changes in the external world, for example, is better understood as a modification of the aims of an instinct consequent on change in the object relation (whether that change is due to external or to endopsychic factors) than as an ' action syndrome ' in which the end-pattern of reaction to external reality is alone emphasized. The fact that ' ego-instincts ', to use Freud's older designation, have not been very closely studied is no argument for discarding the concept of instinct as an operational unit. Indeed the author frequently finds himself at a loss for some such term, and has recourse to ' drive ', ' need ', ' resources ', etc. No doubt, as Dr. Kardiner remarks, ' the traumatic neuroses fared badly in psycho-analysis ' but that was due not to the inadequacy of analytical concepts but to the failure to apply them thoroughly enough. Dr. Kardiner does not improve matters by giving existing dynamic concepts a morphological twist and in fact he frequently uses the terms ' morphological ' and ' structural ' when the phrase ' economic process ' or ' mechanism ' would be more appropriate. To give but one example, he speaks, *à propos* of action syndromes, of ' regression ' or ' displacement ', without once mentioning the master concept of cathexis, without which these processes are unintelligible. Similarly, talking of the perseverance or repetition of the traumatic situation (e.g. in dreams), he uses the term ' fixation ', which connotes primarily an endopsychic attitude to an object-imago. In short one gets the impression not only that the author uses the established terminology in a somewhat slipshod way but that his conception of analytical ego-psychology is dated. This is particularly true of his attempts to build up a ' structural ' ego-psychology in terms of early physiological manifestations and experiences. Admittedly it is highly desirable to bridge the gap between the psycho-somatic and the psychic and Dr. Kardiner is certainly entitled to his ' constructs '. But it would appear that whilst crossing the bridge he has himself built he has succeeded in dropping over the rail, almost surreptitiously, the greater and most useful part of Freudian theory.

Edward Glover.

The Cambridge Evacuation Survey : a Wartime Study in Social Welfare and Education. Edited by Susan Isaacs, with the co-operation of Sibyl Clement Brown and Robert H. Thouless. (Methuen & Co. Ltd., London, 1941. Pp. ix + 235. Price, 8*s.* 6*d.*)

When the war broke out three thousand London schoolchildren of all ages, unaccompanied by their parents, were billeted in Cambridge under the Evacuation Scheme. But as the winter wore on many began to drift home again, in spite of the pleas of the Government, until by the beginning of 1940 more than three-quarters of them had gone back. A Research Committee, composed of child-psychologists and social workers, set out to enquire into the causes of this return and into the question of the billeting of children in general. It did this by talking with the parents, foster-parents, teachers and children themselves ; by getting the children to give written answers to a carefully-devised set of questions and to write short essays on their views and feelings about their new environment ; and by making direct observations.

The main conclusions arrived at, though not surprising to the psychologically minded person, are none the less highly interesting and instructive and have a very practical application as well. Apart from the most obvious reason for the return of the children to their London homes—which was that in fact no bombing did happen during that Autumn and Winter—it appears very clearly that the factors which decided whether a child stayed in its foster-home or not were of a psychological order and had very little to do with matters of finance or material well-being or health. And among these psychological factors the question of the child's own happiness was paramount. The attitude of the foster-parents and the real parents had an immense influence, too, but mostly in so far as they made the child feel that it was liked and wanted in its new home, or was only there on

sufferance, or that its real father and mother were content to have it in a place of safety, or could not bear to be parted from it.

As regards the direct effect of the parents' attitude, their motives for taking the child back were in the first instance genuine family affection. After that came jealousy of the foster-mothers. On the side of the foster-parents, psychological adaptability to the new situation was found to be the main factor (and the main stumbling-block) rather than any question of being able to meet the extra cost or work involved in having the children.

One of the most entertaining if not instructive chapters of the book is the one which quotes some of the essays written by the children themselves on 'things I like' and 'things I miss' in their new surroundings. On the whole, the boys and girls do not seem to differ much in their choice. Father and mother, home and family, were what they most missed; then friends, pets, hobbies and school. Incidentally, it appears that a good deal of the children's home-sickness was got over wherever their school had been moved *en bloc* with them, so that they could keep a sense of community with their school-fellows and teachers.

Chapter V is perhaps the most interesting from the point of view of the psycho-analyst. It discusses the question of what kind of child is most suitable for what kind of billeting home. As was to be expected, any tendency to abnormality in the child increased the chance of its non-suitability in any home; for, on the whole, the more normal the child, the more adaptable and contented it is anywhere. The less normal children fell into three main groups—the anxious, shut-in and depressed types; the aggressive, quarrelsome and 'circular' types; and the anti-social and delinquent types. It was found that while milder degrees of the aggressive, or 'extravert', group got on better in their foster-homes than did mild degrees of the anxious, or 'introvert', group, extreme degrees of the former got on much worse. The anti-social group did much better and were happier in hostels or camps than in private homes. In this connection the value of such hostels for temporarily housing children whose relations with their foster-parents had become too strained to let them stay on was very great. Even where the children were found to be quite suitable for billeting in another type of home, an interval for recovery during which no family relationships at all existed was eminently beneficial. Clearly the corollary to the conclusion that a child's happiness depends chiefly on good family relations is that to have no family relations is better than to have bad ones. But this chapter, and indeed the whole book, is so full of interest and information that it is impossible in a short review to do more than indicate some of its main points.

The criticism which, on the strength of their evidence, the Research Committee have to make about the billeting scheme is that while the machinery of the evacuation worked extremely well and smoothly and the financial and material aspects of the billeting arrangements were on the whole good, not nearly enough attention had been paid to assigning children to quarters that were suitable for them from a psychological point of view. No expert advice had been engaged on this point, which proved to be the most important point of all. In particular the value of keeping the school together as a communal unit, of not separating brothers and sisters and of making more use of hostels had not been adequately recognized.

It is clear that, in addition to their research, Dr. Isaacs and her fellow-workers did an immense amount of practical work in dealing with billeters, billetees and the parents themselves. Misfits were sorted out and re-distributed, foster-parents advised, and real parents encouraged to let their children go on staying in the country. In many instances the children were frequently interviewed and even received some kind of therapeutic treatment, though of course regular psycho-analytic treatment was not, unfortunately, feasible. Nevertheless, the book is an exceedingly thorough and understanding treatment of the subject and contains much valuable material for the consideration not only of educational and social workers but of psychologists of every sort as well, not excluding the analyst.

A. S.

Über den Prozess der Zivilisation. By Norbert Elias. Vol. 2. (Haus zum Falken, Basel, 1939. Pp. 490.)

When the first volume of this work was reviewed in these columns in 1938 (**19**, 263), many of its essential features were considered, and they need not be repeated on the present occasion.

In his first volume the author furnished illustrative material to show how the process of civilization is revealed in the alterations in the attitude of the people in their everyday behaviour. The reasons for this behaviour are usually unconscious and do not usually attract attention so long as it remains in conformity with the generally accepted standards of the society concerned.

He proceeds now to give a systematic account of the transformations of society in the West from the Middle Ages down to the present time. He shows conclusively that these transformations—contrary to widely current beliefs—are not due to any inherent drive in a particular direction and that they are not brought about by the influence of particular leading personalities or individual events nor by one category of factors alone. They can only be adequately described when one conceives of a community as a whole. Under the influence of changes in their essential conditions of life, ultimately of a material nature (as, for instance, geographical factors, new methods of production,

increasing population, repercussions of changes in other parts of the world, competitive relations coming to a head and ending in new distributions of power, etc.), the structure of the community as a whole undergoes a change in which every individual is involved. In the language of the hour, one would say that these changes have a decisive influence even upon the inner world of the individual. They it is that determine the content and working of the mind, that decide what can be manifest and what must be repressed—of what the individual shall be conscious and what shall remain unconscious. It is of course true that the individual in turn influences the social events ; but it can be shown that this has only a relative validity. Only under certain social conditions does what we nowadays call psychology become necessary and possible, and it is a reflection of a certain stage in our social development which causes us to see what we call the id, the ego and the super-ego in a state of clearly defined contrast and under high tension. This does not of course mean that these notions are incorrect or that they lose any of the importance we attach to them ; but it does mean that we should not take them as absolute statements of an eternal truth, as institutions which always have been and always will be there in the same stationary and absolute form but which happen only to have been discovered just now. It is better to lay emphasis upon the whole network of social inter-relationships in which the individual is involved and to accept the fact that there is no sharp line of demarcation between what we are accustomed to describe as inside and outside, individual and environment, in the physical, and still less in the mental, sphere. This does not imply, however, that this relation is a haphazard one. On the contrary, one of the most interesting lessons that the analyst can learn from such works as the present is the way in which the development of our civilization has forced the individual to embody within himself an ever-increasing number of social prohibitions and an ever more differentiated world (with its consequent contradictions), in precise correlation with the increasing differentiation of his social position. The reviewer cannot hope to convey the conviction that this is so ; it can only be obtained from a careful and open-minded study of the book itself. He wishes, however, to emphasize his own opinion that a clear conception upon these questions will in time become inevitable for analysts if deadlocks are to be avoided, and that such a conception is not only of the highest importance for the future of our science but also of immediate concrete value if we are to avoid fundamental mistakes in our daily practical work. He would recommend the study of this book in particular to those who have a sense of resistance towards such ways of approach to the subject as this. (By way of contrast to the views here expressed, attention may be called to Róheim's paper on ' The Psycho-Analytic Interpretation of Culture ', *Int. J. Psycho-Anal.* (1941), **22**, 147, which is a good example of a diametrically opposite approach.)

As regards Dr. Elias's own presentation of the subject in its psychological aspects, he invites criticism by the fact that he makes use of psycho-analytical terms but gives them a meaning of his own choosing. This, of course, will not do, though it must be admitted that he uses them in a more intelligent way than most people. And in spite of it, this part of his work is also well worth reading by analysts, since the author brings forward points of view and material upon a number of relevant problems from an angle which is far too much neglected by the professional analyst—from motives of unconscious defence, it may be, or on account of his own social professional position. To mention one of the author's more problematical statements, he is of opinion that under conditions of civilization emotions and impulses become modified in themselves. This, according to our definitions, would be wrong, for it would imply that the id (as well as the ego and super-ego) is to some extent socially determined. We cannot, however, on that account exclude the observation, as such from our consideration.

The author has chosen as his motto : *' La civilisation . . . n'est pas encore terminée.'* It is apparently necessary, then, to remind sociologists of this fact. We psycho-analysts would probably agree in thinking that it seems scarcely to have begun.

S. H. Foulkes.

Tristan. By Hannah Close. (Andrew Dakers Ltd., London, 1940. Pp. 342. Price 8*s.* 6*d.*)

This is a twentieth century interpretation of the immortal legendary tale of Tristan and Iseult. The author is especially interested in the character and psychology of Tristan. She creates a distinct personality in him, tracing his behaviour in success and failure with a sure intuitive touch down to his inner motives. His utter lack of sense of reality, his living in a dream of valour and high deeds, which make him give up success as soon as it is won and pursue the ineffable—be it a father's or a woman's affection or a mythical land—are convincingly described. His mother and the second Iseult are more clearly felt than the somewhat shadowy Queen of Cornwall. The author dispenses with the love potion, as a modern writer has every right to do.

The book is written in short chapters, giving the idea of impressions produced on the acting persons' mind. The style throughout is admirable and poetic ; when the writer breaks into *vers libre* this seems to come out of a necessity for this form and to convey more than prose could. The book is a worthy successor to the best written on this theme and of great interest to the psychologist.

Katherine Jones.

Worry in Women. By Amber Blanco White. (Victor Gollancz, London, 1941. Pp. 320. Price, 12*s.* 6*d.*)

The authoress of this book is well known in psycho-analytical circles as a psychologist and sociologist who possesses considerable knowledge of analytical theory. She addresses herself here to the difficult task of helping women to cope with their characteristic forms of anxiety. In doing so she uses only popular language and eschews all technical expressions. Nevertheless she skilfully leads the reader on to some degree of awareness of fundamental problems in feminine psychology, notably those of repressed sexuality and aggressivity. The book is throughout enlivened with stories of actual people and situations, the dialogue of which is convincingly reproduced. The tone of the book is characterized by a fund of good sense, good humour and sympathetic understanding. We have no doubt it will excellently fulfil the purpose for which it was written.

E. J.

PUBLICATIONS RECEIVED

[*Appearance in this list does not preclude subsequent notice.*]

A. BOOKS

A Practical Method of Self-Analysis. By E. Pickworth Farrow. (London: George Allen & Unwin Ltd. 1942. Pp. xv + 153. Price, 6*s.*)

Conceptual Thinking in Schizophrenia. By Eugenia Hanfmann and Jacob Kasanin. (New York: Nervous and Mental Diseases Monographs. 1942. Pp. viii + 115. Price, $2.50.)

How to Teach Children Music. By Ethelyn Lenore Stinson. (New York: Harper & Brothers. 1941. Pp. 140. Price, $1.50.)

Probation and Parole Progress. (Year Book of the National Probation Association, 1941.) (New York: National Probation Association. 1941. Pp. 470. Price, $1.00.)

The Cambridge Evacuation Survey. Edited by Susan Isaacs. (London: Methuen & Co. Ltd. 1941. Pp. ix + 235. Price, 8*s.* 6*d.*)

The Natural Development of the Child. By Agatha H. Bowley. (Edinburgh: E. & S. Livingstone. 1942. Pp. xvii + 172. Price, 8*s.* 6*d.*)

The Psychology of C. G. Jung. By Jolan Jacobi. (London: Kegan Paul, Trench, Trubner & Co. Ltd. 1942. Pp. xi + 169. Price, 12*s.*)

Social Learning and Imitation. By Neil E. Miller and John Dollard. (New Haven: Yale University Press; London: Oxford University Press. 1941. Pp. xi + 341. Price, 21*s.* 6*d.*)

War in the Mind: the Case Book of a Medical Psychologist. By Charles Berg. (London: The Macaulay Press. 1941. Pp. 272. Price, 8*s.* 6*d.*)

Worry in Women. By Amber Blanco White. (London: Victor Gollancz. 1941. Pp. 320. Price, 12*s.* 6*d.*)

Your Personality—Introvert or Extravert? By Virginia Case. (New York: The Macmillan Co. 1941. Pp. 277. Price, $2.50.)

B. PERIODICALS

Archives of Neurology and Psychiatry (Chicago).
British Medical Journal (London).
Bulletin of the Menninger Clinic (Topeka).
Internationale Zeitschrift für Psychoanalyse und Imago (London).
Journal of Criminal Psychopathology (New York).
Man (London).
Medical Record (New York).
Mental Hygiene (New York).
Neurobiologia (Pernambuco).
Psychiatry (Washington).
Psychological Abstracts (Providence).
Psychosomatic Medicine (Washington).
Revista de Neuro-Psiquiatria (Lima).
The Australasian Journal of Psychology and Philosophy (Sydney).
The British Journal of Medical Psychology (London).
The Journal of the American Medical Association (Chicago).
The Psychoanalytic Quarterly (New York).
The Psychoanalytic Review (New York).

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EDITED BY

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The amount of material for publication at present in hand is so small that it has been decided to hold it over for inclusion in the next issue of the Bulletin.

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UNTRANSLATED FREUD

(7) TWO ENCYCLOPÆDIA ARTICLES (1922)

[*** *The occasional publication of didactic papers of a more or less elementary kind was part of the programme announced in the very first issue of this* JOURNAL. *The following two articles by Freud, now translated for the first time into English, may be regarded as falling under that heading. Freud wrote quite a number of semi-popular summaries of his views at various periods of his life. The present articles were designed for Max Marcuse's* Handwörterbuch für Sexualwissenschaft, *which was first published in* 1923, *and were reprinted in* Gesammelte Schriften, XI, 201–223. *They were actually written during the summer of* 1922, *that is to say before Freud's final re-casting of his views upon the topography of the mind in* The Ego and the Id (1923). *But the new views, though unexpressed in these articles, must already have been clearly present in his mind while he was writing them, for it was in September,* 1922, *at the Berlin Psycho-Analytical Congress (which is actually mentioned in one of the articles) that he first made public his newly defined conceptions of ego, super-ego and id.*]

(A) PSYCHO-ANALYSIS

PSYCHO-ANALYSIS is the name (1) of a procedure for the investigation of mental processes which are almost inaccessible in any other way, (2) of a method (based upon that investigation) for the treatment of neurotic disorders and (3) of a collection of psychological information obtained along those lines, which is gradually being accumulated into a new scientific discipline.

HISTORY. The best way of understanding psycho-analysis is still by tracing its origin and development. In 1880 and 1881 Dr. Josef Breuer of Vienna, a well-known physician and experimental physiologist, was occupied in the treatment of a girl who had fallen ill of a severe hysteria while she was nursing her sick father. The clinical picture was made up of motor paralyses, inhibitions and disturbances of consciousness. Following a hint given him by the patient herself, who was a person of great intelligence, he put her into a state of hypnosis and contrived that, by describing to him the moods and thoughts that were uppermost in her mind, she returned on each particular occasion to a normal mental condition. By consistently repeating the same wearisome process, he succeeded in freeing her from all her inhibitions and paralyses, so that in the end he found his trouble rewarded by a great therapeutic success as well as by an unexpected insight into the nature of the puzzling neurosis. Nevertheless Breuer refrained from following his discovery further or from publishing anything about the case until some ten years later, when the personal influence of the present writer (Freud, who had returned to Vienna in 1886 after studying in the school of Charcot) prevailed upon him to take up the subject afresh and embark upon a joint study of it. These two, Breuer and Freud, published a preliminary paper 'On the Psychical Mechanism of Hysterical Phenomena' in 1893, and in 1895 a volume entitled *Studien über Hysterie* (which reached its fourth edition in 1922), in which they described their therapeutic procedure as '*cathartic*'.

CATHARSIS. The investigations which lay at the root of Breuer and Freud's studies led above all to two results, and these have not been shaken by subsequent experience: first, that hysterical symptoms have sense and meaning, being substitutes for normal mental acts; and secondly, that the uncovering of this unknown meaning is accompanied by the removal of the symptoms—so that in this case scientific research and therapeutic effort coincide. The observations were carried out upon a series of patients who were treated in the same manner as Breuer's first patient, that is to say, put into a state of deep hypnosis; and the results seemed brilliant, until later their weak side became evident. The theoretical ideas put forward at that time by Breuer and Freud were influenced by Charcot's theories upon traumatic hysteria and could find support in the findings of his pupil Pierre Janet, which, though they were published earlier than the *Studien*, were in fact subsequent to Breuer's first case. From the very beginning the factor of *emotion* was brought into the foreground: hysterical symptoms, the authors maintained, came into existence when a mental process with a heavy charge of affect was in any way prevented from finding its level along the normal paths leading to consciousness and movement (i.e. from being '*abreacted*'), as a result of which the affect, which was in a sense '*strangulated*', was diverted on to the wrong paths and found its outflow into the somatic innervation (a process named '*conversion*'). The occasions upon which 'pathogenic ideas' of this kind arose were described by Breuer and Freud as '*psychical traumas*', and, since these often dated back to the very remote past, it was possible for the authors to say that hysterics suffered to a large extent from reminiscences (which had not been dealt with). Under the treatment, therefore, '*catharsis*' came about when the path to consciousness was opened and there was a normal discharge of affect. It will be seen that an essential part of this theory was the assumption of the existence of *unconscious* mental processes.

Janet too had made use of unconscious acts in mental life ; but, as he insisted in his later polemics against psycho-analysis, to him the phrase was no more than a make-shift expression, '*une manière de parler*', and he intended no new line of thought by it.

In a theoretical section of the *Studien* Breuer brought forward some speculative ideas upon the processes of excitation in the mind. These ideas determined the direction of future lines of thought and even to-day have not received sufficient appreciation. But they brought his contributions to this branch of science to an end, and soon afterwards he withdrew from the common work.

THE TRANSITION TO PSYCHO-ANALYSIS. Contrasts between the views of the two authors had been visible even in the *Studien*. Breuer supposed that the pathogenic ideas produced their traumatic effect because they arose during '*hypnoid states*', in which mental functioning was subject to special limitations. The present writer rejected this explanation and inclined to the belief that an idea became pathogenic if its content was in opposition to the predominant trend of the subject's mental life so that it provoked him into '*defence*'. (Janet had attributed to hysterical patients a constitutional incapacity for holding together the contents of their minds ; and it was at this point that his path diverged from that of Breuer and Freud.) Moreover, both of the innovations which led the writer to move away from the cathartic method had already been mentioned in the *Studien*. After Breuer's withdrawal they became the starting-point of fresh developments.

ABANDONMENT OF HYPNOSIS. The first of these innovations was based upon practical experience and led to a change in technique. The second consisted in an advance in the clinical understanding of neuroses. It soon appeared that the therapeutic hopes which had been placed upon cathartic treatment in hypnosis were to some extent unfulfilled. It was true that the disappearance of the symptoms went hand-in-hand with the catharsis, but total success turned out to be entirely dependent upon the patient's relation to the physician and thus resembled the effect of 'suggestion'. If that relation was disturbed, all the symptoms reappeared, just as though they had never been cleared up. In addition to this, the small number of people who could be put into a deep state of hypnosis involved a very considerable limitation, from the medical standpoint, of the applicability of the cathartic procedure. For these reasons the present writer decided to give up the use of hypnosis. But at the same time the impressions he had derived from hypnosis afforded him the means of replacing it.

FREE ASSOCIATION. The effect of the hypnotic condition upon the patient had been so greatly to increase his ability to make associations that he was able to find straightaway the path—inaccessible to his conscious reflection—which led from the symptom to the thoughts and memories connected with it. The abandonment of hypnosis seemed to make the situation hopeless, until the writer recalled a remark of Bernheim's to the effect that things that had been experienced in a state of somnambulism were only *apparently* forgotten and that they could be brought into recollection at any time if the physician insisted forcibly enough that the patient knew them. The writer therefore endeavoured to press his *unhypnotized* patients into giving him their associations, so that from the material thus provided he might find the path leading to what had been forgotten or warded off. He noticed later that such pressure was unnecessary and that copious ideas almost always arose in the patient's mind but that they were held back from being communicated and even from becoming conscious by certain objections made by the patient to himself. It was to be expected—though this was still unproved and not until later confirmed by wide experience—that everything that occurred to a patient setting out from a particular starting-point must also stand in an internal connection with it ; hence arose the technique of educating the patient to give up the whole of his critical attitude and of making use of the material which was thus brought to light for the purpose of uncovering the connections that were being sought. A strong belief in the strict determination of mental events certainly played a part in the choice of this technique as a substitute for hypnosis.

THE 'FUNDAMENTAL TECHNICAL RULE' of this procedure of 'free association' has from that time on been maintained in psycho-analytic work. The treatment is begun by the patient being required to put himself in the position of an attentive and dispassionate self-observer, merely to read off all the time the surface of his consciousness, on the one hand to make a duty of the most complete candour and on the other not to hold back any idea from communication, even if (1) he feels that it is too disagreeable or if (2) he judges that is it nonsensical or (3) too unimportant or (4) irrelevant to what is being looked for. It is uniformly found that precisely those ideas which provoke these last-mentioned reactions are of particular value in discovering the forgotten material.

PSYCHO-ANALYSIS AS AN INTERPRETATIVE ART. The new technique altered the picture of the treatment so greatly, brought the physician into such a new relation to the patient and produced so many surprising results that it seemed justifiable to distinguish the procedure from the cathartic method by giving it a new name. The present writer gave to this method of treatment, which could now be extended to many other forms of neurotic disorder, the name of *psychoanalysis*. Now, in the first resort, this psycho-